

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90574 027 ****55.00

DOCUMENT # L00000004753

1. Entity Name

SING-A-TUNE BALLOONS, LLC



Principal Place of Business

**17915 FOXBOROUGH LANE
BOCA RATON FL 33496**

Mailing Address

**P.O. BOX 810847
BOCA RATON FL 33481**

2. Principal Place of Business

6600 W. Rogers Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite One

City & State

Boca Raton, FL

City & State

Zip

33481

Country

USA

Zip

Country

4. FEI Number **65-1006374**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**JAROW, FRED
17375 ST. JAMES ST.
BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **JAROW, FRED**
STREET ADDRESS **17915 FOXBOROUGH LANE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **MGRM** ☐ Delete
NAME **BLACKMAN, JOHN A**
STREET ADDRESS **17375 ST. JAMES CT.**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/9/03

561 241 3131

Daytime Phone #

CR2E083 (10/02)