

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90003 040 \*\*\*50.00

DOCUMENT # L00000005081



1. Entity Name  
**SOBE CREATIVE GROUP, LLC**

Principal Place of Business Mailing Address  
**407 LINCOLN RD., STE. 11F MIAMI BEACH FL 33139**

2. Principal Place of Business 3. Mailing Address  
**227 MICHIGAN AVE, #302 MIAMI BEACH, FL**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#302 #302**

City & State City & State  
**MIAMI BEACH, FL MIAMI BEACH, FL**

Zip Country Zip Country  
**33139 USA 33139 USA**

4. FEI Number **65-1008593** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**COLLARINO, GUISEPPE  
407 LINCOLN ROAD  
MIAMI FL 33139**

7. Name and Address of New Registered Agent  
Name **COLLARINO, GIUSEPPE**  
Street Address (P.O. Box Number is Not Acceptable) **227 MICHIGAN AVE, #302**  
City **Miami Beach** FL Zip Code **33139**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO COLLARINO, GUSEPPE 407 LINCOLN RD., STE. 11F MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO COLLARINO, GIUSEPPE 227 MICHIGAN AVE, #302 MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**03/24/03 (305) 815 4376**  
Date Daytime Phone #

CR2E083 (10/02)