

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

SHOT FILM, L.L.C.

L000000003948

FILED

01 JUN 28 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

555 NE 15th STREET
SUITE 100
MIAMI, FL 33132

Mailing Address

555 NE 15th STREET
SUITE 100
MIAMI, FL 33132

2. Principal Place of Business

555 NE 15th STREET
SUITE 100

3. Mailing Address

555 NE 15th STREET
SUITE 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33132

Country

USA

Zip

33132

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ.
CUEVAS & RUBIN, P.A.
9200 SOUTH DADELAND BOULEVARD
SUITE 603
MIAMI, FL 33156

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME AVELEDO, GENARO
STREET ADDRESS 555 NE 15th STREET, SUITE 100
CITY-ST-ZIP MIAMI, FL 33132

TITLE MGRM
NAME UZATEGUI, ANDRES EDUARDO
STREET ADDRESS 555 NE 15th STREET, SUITE 100
CITY-ST-ZIP MIAMI, FL 33132

TITLE MGRM
NAME VERGARA, GEORGE MAISTO
STREET ADDRESS 555 NE 15th STREET, SUITE 100
CITY-ST-ZIP MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

MGRM

6/27/01

(305) 371-7208 x235

Date

Daytime Phone #

CR2E083 (11/00)