2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12: 08

DOCUMENT # L00000006687

1. Entity Name

MIC LLC

Principal Place of Business	Mailing Address
1221 BRICKELL AVE. STE. 900 MIAMI, FL 33131	1221 BRICKELL AVE. STE. 900 MIAMI, FL 33131

2. Principal Place of Business		3. Mailing Address	
1221 BRICKELL AVE. STE. 900		1221 BRICKELL AVE. STE. 900	
Suite, Apt. #, etc.: C/O MARK HANKINS		Suite, Apt. #, etc.: C/O MARK HANKINS	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33131	Country:	Zip: 33131	Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: Applied For — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE. STE 900 MIAMI FL 33131 US	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 ____________________ 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 Department of State

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-10/01/01--01073--024
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JEFFERS, VERENA EULANDA CRADDOCK ROAD CHARLESTOWN NEVIS, WEST INDIES ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: JEFFERS, VERENA EULANDA MGR 7/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #