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

FILED Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90237 010 ****50.00

Daytime Phone #

DOC	UMENT#	,	10			04-22-20	002 90237 010) ****50.00
1. Entity N	lame	1-17 - L	_00	CC	QQ;			
A	NDREW BRANDON	ENTERTAIL	NME.	WTLL	ر ا			
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	DO NOT WRITE	IN THE C	`DA (, p				
	DO NOT WKILL	: III I III 2 2	PAC	<i>,</i> =				
2. Principa	al Place of Business	3. Mailing Address						
Suite, Apt. #, etc.				12 DRIVE	اسع			
Suite, A	pt. #, etc.	Suite, Apt. #, etc.	,			DO NOT WRI	TE IN THIS SPACE	
City & S	tate	City & State			4. FEI Numb	per		Applied For
CORAL SPRINGS, FL CORAL SP			RINGS, FL		651	er 113/683		Applied For Not Applicable
		²¹⁹ 33071	Cour	4	5. Certificate of Status Des		□ \$5.00	Additional
					7. Name and a	Address of Current	Fee Re Registered Agent	
	DO NOT W	DITE		Name A	CK KOUSSE	EVITZKY		
				Street Addre	ess (P.O. Box Numb	er is Not Acceptable	e)	
	IN THIS SF	ACE		,,,,,,	COLONIN	L DRIVE	<u> </u>	
₫,				City Co.			P1 Zin	Code >>
.3. The abov	ve named entity submits this statement fo	r the purpose of changing it	ts registere	C VR	AL SPRIN	ده ا		الاه 33 S
7		purpose of changing it	io registale	a onice or tedi	istered agent, or bo	th, in the State of Flo	rida.	
SIGNATURE	Signature, typed or printed name of registered agent	 and title if applicable.			· ·			
			FEE IS	\$50.00			DATE	
**		Make Check Pa	ayable to	Departmen	t of State			
9.			DUE BY	MAY 1	·			1
TITLE	PRESIDENT ITLE							
NAME	JACK KOUSSEVITZKY							2/0/1
STREET ADDRESS CITY-ST-ZIP		Z0-7 (T ADDRESS				9 (1)
TITLE	CORAL SPRINGS, FL 3307			ST-ZIP				CR2E083B (12/01)
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STREET ADDRESS CITY-ST-ZIP				ADDRESS				
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STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP DO NOT WRIT			MOITE	į
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name Street address :			NAME		IN	THIS S	PACE	ĺ
CITY-ST-ZIP				ADDRESS			-	}
TITLE			CITY-S	1 - ZIP			7/10	
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP	4 •		STREET CITY-ST	ADDRESS				
TITLE			TITLE	- Zib	 		·	
TREET ADDRESS			NAME					
ATY-ST-ZIP			STREET A	ADDRESS - 7IP		•		
1. I hereby co	ertify that the information supplied with the on this report is true and accurate and the	is filing does not qualify for t			Section 110 07/3\/\(\text{s}\)	Florida Stotute - 15	thorac at	
limited liab	on this report is true and accurate and the billity company or the receiver or truspec e	at my signature shall have the mpowered to execute this re	he same le eport as re	gal effect as if quired by Char	made under oath; ti pter 608. Florida Sta	i ionua siatutes. I fu hat I am a managing atutes	runer certify that the member or manage	entermation ger of the
	01.	100	,	, 5, 5,10	F 300, Florida 316	/ /		
SIGNATI	URE/ ///	(CIL)				4/12/02	954341	C956
	SIGNATURE AND TYPED OR PRINTED NAME OF S.	GNING MANAGING MEMBER, MANA	AGER, OR AU	THORIZED REPRES	ENTATIVE	Date	Oneimalter	