

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90693 037 ****50.00

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DOCUMENT # L00000007416

1. Entity Name

TENTH STREET ENTERTAINMENT, LLC



Principal Place of Business

**51 NORTHEAST 10TH STREET
POMPANO BEACH FL 33060**

Mailing Address

**4119 N STATE RD #7
#9117
FORT LAUDERDALE FL 33319**

2. Principal Place of Business

3. Mailing Address

P.O. Box 970536

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, Florida

Zip

Country

Zip

Country

33497

USA

4. FEI Number **65-1021911**

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

7. Name and Address of New Registered Agent

**SMITH, STUART M ESQ
633 SE 3RD AVENUE
SUITE 301
FORT LAUDERDALE FL 33301**

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **FRIEDSON, CHARLES S**
STREET ADDRESS **4119 N STATE RD #7 #9117**
CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

TITLE **Manager** ☐ Change ☒ Addition
NAME **Janzie Allmacher**
STREET ADDRESS **51 NE 10th Street**
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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

Janzie Allmacher **Member/manager**

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

4/30/03 (561) 441-7228

Date

Daytime Phone #

CR2E083 (10/02)