

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007445

1. Entity Name

THE MIAMI ARTISTS NETWORK, L.L.C.

FILED

01 APR 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7751 NE BAYSHORE CT
SUITE 2-B
MIAMI FL 33138

Mailing Address

7751 NE BAYSHORE CT
SUITE 2-B
MIAMI FL 33138

2. Principal Place of Business

2150 Sans Souci Blvd.

Suite, Apt. #, etc.

Apt. PH-E1

City & State

North Miami, FL

Zip

33181-3012

Country

USA

3. Mailing Address

2150 Sans Souci Blvd.

Suite, Apt. #, etc.

Apt. PH-E1

City & State

North Miami, FL

Zip

33181-3012

Country

USA

4. FEI Number

65-1025678

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKINSON, LINDA A
7751 NE BAYSHORE CT
SUITE 2-B
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name (Same)

Street Address (P.O. Box Number is Not Acceptable)

2150 Sans Souci Blvd., Apt. PH-E1

City

North Miami

FL

Zip Code

33181-3012

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.

Linda A. Dickinson

(NOTE: Registered Agent signature required when reinstating)

4/16/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004079075--5
-04/26/01--01010--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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

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

Date

Daytime Phone #

Linda A. Dickinson 4/16/01 786-325-1276