

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017026 AF

**DOCUMENT #** L00000008071  
**1. Entity Name**  
 CHAOTIC, L.L.C.

FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business**      **Mailing Address**  
 412 EAST MADISON 10TH FL      412 EAST MADISON 10TH FL  
 TAMPA FL 33602      TAMPA FL 33602

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

DO NOT WRITE IN THIS SPACE

**4. FEL Number** 59-3668467      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 DOLAN, FRANK R  
 412 EAST MADISON, 10TH FL  
 TAMPA FL 33602

**7. Name and Address of New Registered Agent**  
 Name: Mark R Dolan  
 Street Address (P.O. Box Number is Not Acceptable):  
 412 E Madison St 10th FL  
 City: Tampa FL      Zip Code: 33602

**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**

100003985681--9  
 -04/11/01--01009--009  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*MFRM  
 ENTERTAINMENT NETWORK INC  
 412 E MADISON ST # 1000  
 TAMPA, FL 33602*

**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:**      Date: 3/23/01      Daytime Phone #: (813) 223-3228

CR2E083 (11/00)