

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90193 017 ****50.00

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DOCUMENT # L00000008161

1. Entity Name
WAVE FILM PRODUCTIONS, LLC



Principal Place of Business Mailing Address

**1204 N.E. 13TH AVENUE
FORT LAUDERDALE FL 33304** **1204 N.E. 13TH AVENUE
FORT LAUDERDALE FL 33304**

2. Principal Place of Business 3. Mailing Address

5150 NW 115th COURT **5150 NW 115th COURT**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI / FLORIDA **MIAMI / FLORIDA**

Zip Country Zip Country

33178 **USA** **33178** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1037724** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERT A. WHITE, P.A.
1401 UNIVERSITY DRIVE SUITE 600
CORAL SPRINGS FL 33071**

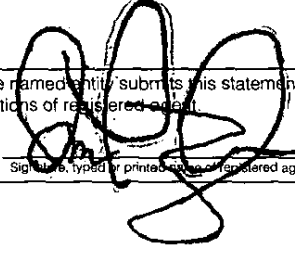
7. Name and Address of New Registered Agent

Name **IRA L. ZUCKERMAN, P.A.**

Street Address (P.O. Box Number is Not Acceptable) **BEACON POINTE II, SUITE 206
2200 N. COMMERCE PKWY**

City **WESTON** FL Zip Code **33326**

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  **IRA L. ZUCKERMAN, P.A.** **April 23, 2003**

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WELLE, HENRIK	
STREET ADDRESS	1204 N.E. 13TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLE, HENRIK	
STREET ADDRESS	5150 N.W. 115th COURT	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:  **SIGNATURE REQUIRED** **1-305-716-9883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)