

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

4/18

04-18-2003 90098 001 \*\*\*200.00

<b>DOCUMENT # L00000008221</b> 1. Entity Name <b>PHUNNY HEAD, LLC</b>			
Principal Place of Business <b>1455 OCEAN DRIVE, SUITE 609</b> <b>MIAMI BEACH FL 33139</b>		Mailing Address <b>1455 OCEAN DRIVE, SUITE 609</b> <b>MIAMI BEACH FL 33139</b>	
2. Principal Place of Business <i>1455 Ocean Drive</i> Suite, Apt. #, etc. <i>610</i>		3. Mailing Address <i>1455 Ocean Drive</i> Suite, Apt. #, etc. <i>610</i>	
City & State <i>Miami Beach</i>		City & State <i>Miami Beach</i>	
Zip <i>33139</i>		Country <i>USA</i>	
4. FEI Number <b>APPLIED FOR</b>		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>KOCSIS, LES Z</b> <b>1455 OCEAN DRIVE, SUITE 609</b> <b>MIAMI BEACH FL 33139</b>	
7. Name and Address of New Registered Agent Name <i>LES Z KOCSIS</i> Street Address (P.O. Box Number is Not Acceptable) <i>1455 Ocean Drive #610</i> City <i>Miami Beach</i>		State <b>FL</b> Zip Code <i>33139</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGRM</b> NAME <b>KOCSIS, LES Z</b> STREET ADDRESS <b>1455 OCEAN DR #610</b> CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete	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"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>SIGNATURE REQUIRED</b> <div style="display: flex; justify-content: space-between;"> <span><i>1/6/03</i></span> <span><i>(305) 987-0069</i></span> </div> <div style="display: flex; justify-content: space-between;"> <span><small>Date</small></span> <span><small>Daytime Phone #</small></span> </div>	

CR2E083 (10/02)