

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90039 002 ****55.00

0013621

DOCUMENT # L00000008238

1. Entity Name

ENTERTAINMENT ZONE NO. 1, L.L.C.



Principal Place of Business Mailing Address
201 SOUTH BISCAYNE BLVD., 34TH FLOOR **201 SOUTH BISCAYNE BLVD., 34TH FLOOR**
MIAMI FL 33131 **MIAMI FL 33131**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1025915**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPDIRECT AGENTS
103 NORTH MERIDIAN STREET
TALLAHASSEE FL 32315

Name
Ferrell Group Corporate Services, LLC
Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Blvd
34th Floor
City **miami** FL Zip Code **33131**

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

Asst. Sec.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

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 **FERRELL GROUP HOLDING COMPANY LLC**
STREET ADDRESS **201 SOUTH BISCAYNE BLVD SUITE 3400**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ZOMPANO, JOSEPH I**
STREET ADDRESS **201 S. BISCAYNE BLVD., 34TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
NAME **Zumpano, Joseph I.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **DA CASTIGLIONE, MAYRA C**
STREET ADDRESS **201 S. BISCAYNE BLVD., 34TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Maura C. Castiglione
Signature and typed or printed name of signing managing member, manager, or authorized representative

4-14-03

305-371-8585

Date

Daytime Phone #

CR2E083 (10/02)