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

## DOCUMENT # L0000008238

1. Entity Name

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

|--|

| FILED                |   |
|----------------------|---|
| Apr 24, 2003 8:00 an | 1 |
| Secretary of State   |   |

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

| Principal Place of Business  |  |   |                  |                        |              |                 |                    |                                       |                                 |            |                          |                                  |  |
|--|--|---|------------------|------------------------|--------------|-----------------|--------------------|---------------------------------------|---------------------------------|------------|--------------------------|----------------------------------|--|
| 2. Principal Place of Blusness   3. Mailing Address    Sulte. Apt. #, otc   Sulte. Apt. #, ot   | Principal Place of Business                            |   |                  | Mailing Address        |              |                 |                    |                                       |                                 |            |                          |                                  |  |
| Sultio, Apt. #, etc.  Sultio, Apt. #, etc.  Sultio, Apt. #, etc.  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi   |  |   |                  |                        |              |                 |                    | 1 16411                               | NG NO BRIN ACHI NRIM RENI RESIG |            | 1 18114 N <b>ÉS</b> S (1 | i <b>š</b> i (1) i 1 <b>9</b> 51 |  |
| City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  S. Certificate of S   | 2. Principal P   | lace of Business                                | 3.               | 3. Mailing Address     |              |                 |                    |                                       |                                 |            |                          |                                  |  |
| COUNTY Zip Country  8. Certificato of Status Doslind Sp. 500 Additional Fee Required  6. Name and Address of Current Registered Agent  CORPDIRECT AGENTS  103 NORTH MERIDIAN STREET TALLAHASSEE R. 32315  8. The above named entity subgrigs this statement for the purpose of changing its registered agent, or both, in the State of Florida. I can familiar with, and accept the citigations of registerity denty  SIGNATURE  8. The above named entity subgrigs this statement for the purpose of changing its registered agent, or both, in the State of Florida. I can familiar with, and accept the citigations of registerity denty  SIGNATURE  Signature flowers  SIGNATURE  MARK Check Payable to Florida Department of State Duse by May 1, 2003  9. MANIACING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Duse by May 1, 2003  9. MANIACING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  10.  | Suite, Apt. #, etc.                                    |   |                  | Suite, Apt. #, etc.    |              |                 |                    | CHECK HERE IF MAKING CHANGES          |                                 |            |                          |                                  |  |
| S. Certificate of Status Desired V Fee Required  T. Name and Address of Current Registered Agent  CORPDIRECT AGENTS 103 NORTH MERIDAN STREET TALLAHASSEE FL 32315  8. The above named entity subprise this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plonds. I am farnitar with, and accept the obligations of regulated Agent and sept date.  SIGNATURE  Signature people of changing its registered office or registered agent, or both, in the State of Plonds. I am farnitar with, and accept the obligations of regulated Agent and sept date.  SIGNATURE  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  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  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/ CHANGES  10. ADDITIONS/ CHANGES  10. ADDITIONS/ CHANGES  10. ADDITIONS/ CHANGES  10. Change   Addition MAME   Addition MAME   Change   Addition MAME   Addition MAM | City & State   | e   | ,                | City & State           |              |                 |                    | 4. FEI Nun                            | nber 65-1025915                 |            |                          | <del></del>                      |  |
| CORPORECT AGENTS 103 NORTH MERIDAN STREET TALLAHASSEE FL 32315  8. The above named entity subpys 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 registerity denity.  SIGNATURE   | Zip  | Country Zip Cou                                 |                  |                        |              | try             |                    |                                       |                                 |            |                          |                                  |  |
| COPPORECT AGENTS 103 NORTH MERIDIAN STREET TALLAHASSEE FL 32315  8. The above named critis subplies this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regulatority subplies that statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regulatority subplies that state of Florida. I am familiar with, and accept the obligations of regulatority subplies to Florida Department of State of Florida. I am familiar with, and accept the obligations of regulatority subplies to Florida Department of State of Florida. I am familiar with, and accept the obligations of regulatority subplies to Florida Department of State of Florida. I am familiar with, and accept the obligations of regulatority subplies to Florida Department of State of Florida. I am familiar with, and accept the obligations of regulatority subplies to Florida Department of State of Florida. I am familiar with, and accept the obligations of regulatority subplies to Florida Department of State of Florida. I am familiar with, and accept the obligations of regulatority subplies to Florida Department of State of Florida. I am familiar with, and accept the obligations of regulatority subplies to Florida Department of State of Florida. I am familiar with, and accept the florida Department of State of Florida. I am familiar with, and accept the florida Department of State of Florida Depar   |  | 6. Name and Address of                          | Current Regis    | tered Agent            |              |                 |                    | 7. Name a                             | nd Address of New Re            | gistered A | gent                     |                                  |  |
| 8. The above named entity subspits 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 registering denity.  ### ### ### ########################   | CORPDIRECT AGENTS  103 NORTH MERIDIAN STREET  Synt Add |   |                  |                        |              | ddress (F       | SOUTH BECAYNE BIVO |                                       |                                 |            |                          |                                  |  |
| 8. The above named entity subspits 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 registering denity.  ### ### ### ########################   |  |   |                  |                        |              | City            | Ami                | · · · · · · · · · · · · · · · · · · · |                                 | FL         | Zip                      | 921                              |  |
| SIGNATURE Signature, people privated ranne of registered signet and tile if applicable.    NoTE Registered Agent signature required when recreatering)   DATE  | 8. The above   | named entity submits this sta                   | tement for the n | urpose of changing its | registere    |                 | 1                  | ed agent or h                         | ooth, in the State of Flori     |            | miliar with.             | and accept                       |  |
| 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 MARE TERRELL GROUP HOLDING COMPANY LLC SIRRET ADDRESS CITY-ST-ZIP TITLE VP COMPANO, JOSEPH I 201 S. BISCAYNE BLVD, 34TH FLOOR MIAM! FL 33131  TITLE SIRRET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MIAM! FL 33131  TITLE STREET ADDRESS CITY-ST-ZIP MIAM! FL 33131  TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAM! FL 33131  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAM! FL 33131  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S  |  |   |                  |                        | , regioters  |                 | . ogiotore         | o agom, or a                          | your, my mo otates or them      |            |                          |                                  |  |
| Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES ITILE NAME PERRELL GROUP HOLDING COMPANY LLC 201 SOUTH BISCAYNE BLVD SUITE 3400 MIAMI FL 33131  TITLE VP ZOMPANO, JOSEPH I STREET ADDRESS CITY-ST-2IP TITLE S C DASSIGNAME BLVD., 34TH FLOOR MAMM FL 33131  TITLE S C DASSIGNAME BLVD., 34TH FLOOR MAMM FL 33131  TITLE S C DASSIGNAME BLVD., 34TH FLOOR MAMM FL 33131  TITLE S C DASSIGNAME BLVD., 34TH FLOOR MAMM FL 33131  TITLE S C DASSIGNAME BLVD., 34TH FLOOR MAMM FL 33131  TITLE S C DASSIGNAME BLVD., 34TH FLOOR MAMM FL 33131  TITLE S C DASSIGNAME BLVD., 34TH FLOOR MAMM FL 33131  TITLE S C DEIGHE MAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREE   | SIGNATURE .  | Signature, typed or printed name of regi        | 1 / / / /        |                        | E: Registere | d Agent signat  | ure required       | when reinstating)                     |                                 |            |                          | _ <del>_</del> ]                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET   | Make Check Payable to Florida Department of State      |   |                  |                        |              |                 |                    |                                       |                                 |            |                          |                                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C   | 9.   | MANAGIN   | G MEMBERS/M      | ANAGERS                | 10.          |                 |                    |                                       | ADDITIONS/                      | HANGES     |                          |                                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | NAME<br>STREET ADDRESS                                 | FERRELL GROUP HOLD<br>201 SOUTH BISCAYNE        |                  | Y LLC                  | NAM<br>STRE  | E<br>et address |                    |                                       |                                 |            | ☐ Change                 | ☐ Addition                       |  |
| NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131  TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS   | NAME<br>STREET ADDRESS                                 | VP<br>ZOMPANO, JOSEPH I<br>201 S. BISCAYNE BLVD | ., 34TH FLOO     |                        | NAM<br>STRE  | E<br>Et address | 20m                | pano,                                 | Joseph I.                       |            | Change                   | ☐ Addition                       |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS   | NAME<br>STREET ADDRESS                                 | DA CASTIGLIONE, MAYI<br>201 S. BISCAYNE BLVD    |                  |                        | NAM<br>STRE  | e<br>et address |                    |                                       |                                 |            | Change                   | Addition :                       |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete NAME  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS  | NAME<br>STREET ADDRESS                                 |   |                  | □ Delete               | NAM<br>STRE  | et address      |                    | ===                                   |                                 | -          | Change                   | ☐ Addition                       |  |
| NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS  | NAME<br>STREET ADDRESS                                 |   |                  | ☐ Delete               | NAMI<br>STRE | E<br>Et address |                    |                                       |                                 |            | Change                   | Addition                         |  |
|  | NAME<br>STREET ADDRESS                                 |   |                  | ☐ Delete               | NAMI<br>STRE | E<br>Et address |                    |                                       |                                 |            | ☐ Change                 | Addition                         |  |

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 PROTECT NAME OF SIGNING MANAGE

1-14-03

305-371-8585

Daytime Phone

CR2E083 (10/0)