LIMITED LIABILITY COMPANY

FILED Apr 25, 2002 8:00 am Secretary of State

UNIFORM	BUSINESS	REPORT	「(UBR)
DOCUMENT #	L000000090	าล .	

1. Entity Nam		B00KS IIC	1	04-25-2002 90011 035 ****50.00			
	DO NOT WRIT		SPACE				
	lace of Business	3. Mailing Address					
18340 Ventura Blvd. Same							
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Ste. 230 City & State City & State			4. FEI Number Applier		Applied For		
Tarzana: CA		= -		58-2561330)	Not Applicable	
ziρ 91356	Country	Zip	Country .	5. Certificate of State		00 Additional Required	
	•			7. Name and Address	s of Current Registered Ag	· · · · · · · · · · · · · · · · · · ·	
	DO NOT V	MDITE	Name L	uke Lirot, Esc	1.		
DO NOT WRITE		Street Addr	Street Address (P.O. Box Number is Not Acceptable) 112 East Street #B				
	IN THIS S	PACE		z rast street	#8		
			City (Pa			Zip Code	
8. The above	named entity submits this statement	t for the nurnose of changing		mpa	FL 3	33602	
v		rior and parpose of changi	ig its registered onice of rec	gistereo agerik, or botil, ili gil	s state of Flurida.		
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable		,_ ,,,	DATE		
	- g protect to the legislation of	вистерия.	FEE IS \$50.00		DATE		
•		Make Chec	k Payable to Departme	nt of State			
	•		DUE BY MAY 1				
9.	MANAGING MEM	BERS/MANAGERS					
TITLE .	Member		TITLE			, 101, 101, 101, 101, 101, 101, 101, 10	
NAME STREET ADDRESS	Donald Browning		NAME Street Address			(12	
CITY-ST-ZIP	5921 Julian Lan Tarzana, CA 91		CITY-ST-ZIP	CR2E083B (12/01)			
TITLE	Tarzana, CA 91	.310	TITLE			250	
NAME			NAME			당	
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS City-St-Zip				
TITLE	Member		TITLE		<u>.</u>		
NAME	Everett Farr		NAME				
STREET ADDRESS	309 Camer		STREET AODRESS	DO N	NOT WRITE	<u>-</u>	
CITY-ST-ZIP	Bensalem, PA 1	9020	CITY-ST-ZIP	יו טט	ANKIIE		
TITLE NAME		-	TITLE NAME	IN TI	HIS SPACE		
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CITY-ST-ZIP	-15. Ab - A b - 1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	Name of the second seco	CITY-ST-ZIP				
indicated o	ertify that the information supplied won this report is true and accurate an illity company or the receiver or trust	na that my signature shall r	iave the same legal effect as	s if made under oath: that I a	am a managing member or r	at the information manager of the	
			 ->			i i	

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Donald Browning 4/18/02 (818) 757-3396 Date Daytime Phone #