

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90064 022 ***150.00

DOCUMENT # L00000009293

1. Entity Name
1ST SUB, LLC

Principal Place of Business
**2746 WOODRUFF DRIVE
 ORLANDO FL 32837**

Mailing Address
**500 FIFTH AVE., #3000
 NEW YORK NY 10110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-4131725**

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

**BASS, LANCE
 2746 WOODRUFF DRIVE
 ORLANDO FL 32837**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME **MEM BASS, JAMES LANCE** ☐ Delete
 STREET ADDRESS **8737 WHITE IBIS CT**
 CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE
 NAME **MEM KIRKPATRICK, CHRISTOPHER** ☐ Delete
 STREET ADDRESS **7680 UNIVERSAL BLVD., #500**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE
 NAME **MEM CHASEZ, JOSHUA** ☐ Delete
 STREET ADDRESS **7680 UNIVERSAL BLVD., #500**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE
 NAME **MEM TIMBERLAKE, JUSTIN** ☐ Delete
 STREET ADDRESS **7680 UNIVERSAL BLVD., #500**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE
 NAME **MEM FATONE, JOSEPH** ☐ Delete
 STREET ADDRESS **2746 WOODRUFF DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-30-02 212921 4040

Date

Daytime Phone #

CR2E083 (9/01)