

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90727 024 *****50.00

DOCUMENT # L 00000009437

1. Entity Name

DIRECT ENTERTAINMENT, LLC

DO NOT WRITE IN THIS SPACE

80054627

2. Principal Place of Business

7027 W. BROWARD BLVD

3. Mailing Address

Suite, Apt. #, etc.

230

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

City & State

Zip

33317

Country

USA

Zip

Country

4. FEI Number

65-1033253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BENJAMIN SCHIFF

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

7027 W. BROWARD BLVD, #230

City

PLANTATION

FL

Zip Code

33317

**DO NOT WRITE
IN THIS SPACE**

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

3/20/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~MANAGER~~ MANAGER
BENJAMIN SCHIFF
7027 W. BROWARD BLVD, #230
PLANTATION, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)