

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90039 016 \*\*\*\*50.00

**DOCUMENT # L00000012165**

1. Entity Name

**DIGITAL GRUNGE ENTERPRISES, LLC**

Principal Place of Business

**541 JEFFERSON AVENUE, SUITE B  
 MIAMI BEACH FL 33139**

Mailing Address

**541 JEFFERSON AVENUE, SUITE B  
 MIAMI BEACH FL 33139**

65-1052293



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt., #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt., #, etc.

City & State

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, HAROLD L  
 2 SOUTH BISCAYNE BLVD., SUITE 2400  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MEM  
 RICHARD, STEVE S  
 1330 WEST AVE., #508  
 MIAMI BEACH FL 33139** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MEM  
 GLADSTONE, LEE  
 2395 LAKE PAN COAST DR., #8  
 MIAMI BEACH FL 33140** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE  
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☐ 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 PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)