

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013262

1. Entity Name

LEFTFIELD ADVERTISING LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 PM 1:05

Principal Place of Business

Mailing Address

2. Principal Place of Business

2000 E. OAKLAND PARK BLVD

3. Mailing Address

2000 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33306

Country

USA

Zip

33306

Country

USA

4. FEI Number

65-1018-694

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Active

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JILL BRICKEL
BRICKEL & COMPANY
2600 N. MILITARY TRAIL #290
BOCA RATON, FL 33431

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

700004724847--4

-12/13/01--01061--025

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
PRESIDENT
ROMAN FERNANDEZ
STREET ADDRESS
4001 S. OCEAN DR. #15-P
CITY-ST-ZIP
HOLLYWOOD, FL 33019

☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
PRESIDENT
ROBIN WHITE
STREET ADDRESS
1900 S. OCEAN BLVD. #4-K
CITY-ST-ZIP
POMPANO BEACH, FL 33062

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Robin White

ROBIN WHITE

12/03/01

954-565-3325

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

Date

Daytime Phone

CR2E083 (11/00)