

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90091 019 ****50.00

DOCUMENT # L00000013262

1. Entity Name

LEFTFIELD ADVERTISING, LLC

Principal Place of Business

**2000 E. OAKLAND PARK BLVD., 105
 FT. LAUDERDALE FL 33306**

Mailing Address

**2000 E. OAKLAND PARK BLVD., 105
 FT. LAUDERDALE FL 33306**

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 **65-1018694**

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

**BRICKEL, JILL CPA
 2600 N. MILITARY TRAIL #290
 BOCA RATON FL 33431**

Name

JILL BRICKEL, CPA

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

6001 Broken Sound Parkway, NW

Suite 406

City

Boca Raton

FL

Zip Code

33487

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
WHITE, ROBIN
2000 E. OAKLAND PARK BLVD, SUITE 105
FT. LAUDERDALE FL 33306 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
ROMAN FERNANDEZ
2000 E. OAKLAND PARK BLVD 105
FT. LAUDERDALE, FL 33306 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
WHITE, ROBIN
2000 E. OAKLAND PARK BLVD, SUITE 105
FT. LAUDERDALE FL 33306 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
JOHN BASSO
2000 E. OAKLAND PARK BLVD 105
FT. LAUDERDALE FL 33306 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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:

SIGNATURE REQUIRED

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

08/30/02

Date

954-565-3325

Daytime Phone #

CR2E083 (4/02)