2001 UNIFORM BUSINESS REPORT (UBR)

Entity Nan T L BLUE Principal Place	THE SKY PRODUCTIONS LLC THE OF Business WEST 27TH LANE	Mailing Address 2225 SOUTHWEST 27TH MIAMI FL 33133	LANE		- T	FILED I APR 26 AM IO SECRETARY OF STALLAHASSEE, FL	TATE ORIDA			
2. Principal F	Place of Business	3. Mailing Address	Mailing Address				, I		11000	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	de ·	City & State	ity & State			4. FEI Number APPLIES FOR Not Applied For Not Applicable				
Zip Country		Zip	Zip Country		T '			.00 Add Required	litional	
	6. Name and Address of Current	Registered Agent	·]-	-	7 Name	and Address of New Regis	1.1	- 4		
				Name						
O'BRIEN, JAMIN 2225 SOUTHWEST 27TH LANE				Street Address	reet Address (P.O. Box Number is Not Acceptable)					
MIAMI FL							 +			
			-	 City			FL	Zip Code		
SIGNATURE .	Signature, typed or printed name of registered agent		OW!!! FE	ent signature require E IS,\$50.00 Department c	of State	0 000041	94 7 0101:	40· 44=-	:3 011 50.00	
9.	MANAGING MEMB		10.			ADDITIONS/CHA	ANGES			
TITLE Name Street address City-St-Zip	MANAGER MEMBER TAMIN O'BRIEN 2225 SW 27th W MIAMI, FC 33	Delete	TITLE NAME STREET A CITY-ST				1	Change	☐ Addition	
TITLE Name Street address City-St-Zip	•	☐ Delete	TITLE NAME STREET A CITY-ST					Change	Addition .	
TITLE TANDE NAME STREET ADDRESS CITY-ST-ZIP	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ Delete	TITLE NAME STREET A				-	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST					Change	☐ Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET A CITY-ST-					Change	Addition	
TITLE NAME ', STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	. 1		,		Change	☐ Addition	
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truster	that my signature shall have:	the same le	gal effect as if r	nade under d	eath; that I am a managing	her certify the member or	nat the in manager	formation of the	

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

in O'Brien 4/21

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