2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014459

1. Entity Name

HARD X'S ENTERTAINMENT, LLC

Principal Place of Business	Mailing Address
1849 NW 46 STREET MIAMI FL 33142	1849 NW 46 STREET MIAMI FL 33142

FILED

01 SEP 24 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
1849 N.W. 46st Suite, Apt. #, etc.	1849 N.W. 46st Suite, Apt. #, etc.	
City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-1059153 / Applied For / Not Applicable
Zip 33142 Country U.S.A.	Zip 33142 Country U.S.A.	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
LAMBRICK, CHALMERS A 1849 NW 46 STREET MIAMI FL 33142	Name Chalmers A. Lembrick Street Address (P.O. Box Number is Not Acceptable) 1849 N.W. 46st City Miami FL Zip Code 33142

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 _Chalmers C Lembrick_

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 26, 2001

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-10/01/01--01004--021
*****55.00 *****55.00

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE C.E.O. NAME Chalmers A. Lembrick STREET ADDRESS CITY-ST-ZIP 1849 N.W. 46st Miami, FL 33142 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE President NAME Jacqueline Newsom STREET ADDRESS CITY-ST-ZIP 1849 N.W. 46st Miami, FL 33142 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (5/01)

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: _Chalmers C Lembrick_ Chalmers A Lembrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #