**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2002 8:00 am DOCUMENT # L0000015712 **Secretary of State** 1. Entity Name 03-07-2002 90038 046 \*\*\*\*50.00 BIG BIG BOY ENTERTAINMENT, LLC Principal Place of Business Mailing Address 1939 BROADLEAF COURT 1939 BROADLEAF COURT WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3686378 Not Applicable Zip Country Zip Country \$5,00 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SICOLI, FRANK I Street Address (P.O. Box Number is Not Acceptable) 1939 BROADLEAF COURT WINDERMERE FL 34786 City 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME SICOLI, FRANK I STREET ADDRESS STREET ADDRESS 1939 BROADLEAF COURT CITY-ST-ZIP CITY-ST-ZIP **WINDERMERE FL 34786** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2(P CITY-ST-ZIP

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

R, MANAGER, OR AUTHORIZED REPRESENTATIVE