

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90170 011 \*\*\*\*50.00

**DOCUMENT #** H00000066896

**1. Entity Name**

**D1 PRODUCTION, LLC**

**919190**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**1370 Washington Ave.**

Suite, Apt. #, etc.

**212-203**

City & State

**Miami Beach, FL**

Zip

**33139**

Country

**USA**

**3. Mailing Address**

**1370 Washington Ave.**

Suite, Apt. #, etc.

**212-203**

City & State

**Miami Beach, FL**

Zip

**33139**

Country

**USA**

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-1060526**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

**Haim Barel**

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

**c/o 1370 Washington Avenue S. 212-203**

**Miami Beach**

**FL**

**33139**

**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.

**Haim Barel, Manager**

DATE

**01/31/2002**

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** **MNGR**  
**NAME** **BAREL, Haim**  
**STREET ADDRESS** **1370 Washington Ave. S. 212-203**  
**CITY- ST- ZIP** **Miami Beach, FL 33139**

**TITLE** **MGR**  
**NAME** **ATHOGO, Robert Ategi**  
**STREET ADDRESS** **1688 Meridian Ave. 4404**  
**CITY- ST- ZIP** **Miami Beach, FL 33139**

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**TITLE** **MNGR**  
**NAME** **BAREL, Haim**  
**STREET ADDRESS** **1370 Washington Ave. S. 212-203**  
**CITY- ST- ZIP** **Miami Beach, FL 33139**

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IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**HAIM BAREL, MANAGER 01/31/02**

Daytime Phone #

CR2E0838 (12/01)