

FILED

01 OCT -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016059

1. Entity Name

MIAMI WAVE PRODUCTIONS, LC

Principal Place of Business

840 10TH STREET
MIAMI BEACH FL 33139

Mailing Address

840 10TH STREET
MIAMI BEACH FL 33139

2. Principal Place of Business

1324 MICHIGAN AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 190088

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A.

City & State

MIAMI BEACH, FL

Zip

33119

Country

U.S.A.

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILIPS, DAVID ESQ.
840 LINCOLN RD., SUITE 319
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SCHERZINGER, INGO
STREET ADDRESS 840 10TH STREET
CITY-ST-ZIP MIAMI BEACH FL 33139

☒ Delete

TITLE
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STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE MGR
NAME SCHERZINGER, INGO
STREET ADDRESS 1324 MICHIGAN AVE
CITY-ST-ZIP MIAMI BEACH, FL 33139

☒ Change ☐ Addition

TITLE
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☐ 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

9/28/2001 (786)276-1271

Date Daytime Phone #

STAPLE CHECK HERE