

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 04, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000016242**1. Entity Name
PRUPH ENTERTAINMENT, L.L.C.

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|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business 7105 CUMBERLAND PLACE TAMPA FL 33617 | Mailing Address 7105 CUMBERLAND PLACE TAMPA FL 33617 |
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|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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4. FEI Number
59-3690975
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent RODRIGUES MR. LORENZO 7105 CUMBERLAND PLACE TAMPA FL 33617 | 7. Name and Address of New Registered Agent Name RODRIGUES MR. LORENZO A Street Address (P.O. Box Number is Not Acceptable) 7105 CUMBERLAND PLACE City TAMPA FL Zip Code 33617 |
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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 **MR. LORENZO A RODRIGUES**

03/04/2001

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

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCOTT JOSE 222 EST 17TH AVE. BROOKLYN NY 11226 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCOTT JOSE 222 EST 17TH AVE. APT. 1G BROOKLYN NY 11226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PHIPPS OMAR 1701 ALBEMARLE RD., ATP. F4 BROOKLYN NY 11226 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RODRIGUES CHRISTOPHER 5027 CHALET COURT, APT. 509 TAMPA FL 33617 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RODRIGUES LORENZO 7105 CUMBERLAND PLACE TAMPA FL 33617 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Lorenzo A. Rodrigues**

mgr/

03/04/2001

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

Date

Daytime Phone #

CR2E083 (11/00)