

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90134 018 ****50.00

DOCUMENT # L010G0003092

1. Entity Name

KDL ENTERPRISES, L.L.C.

Principal Place of Business

**C/O 7195 BRIDGEVIEW AVENUE
 LAS VEGAS NV 89147**

Mailing Address

**C/O 7195 BRIDGEVIEW AVENUE
 LAS VEGAS NV 89147**

2. Principal Place of Business

15825 NE 47 Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32113

Country

USA

Country

4. FEI Number

59-3716430

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAXLEY, MILTON
 C/O 1929 N.W. 12TH TERRACE
 GAINESVILLE FL 32609**

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)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

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9. MANAGING MEMBERS/MANAGERS

TITLE NAME **Sonata Management Group, Inc. HGB** ☒ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME **HGB ADS GROUP** ☐ Change ☒ Addition
**2195 Bridgeview Ave.
 Las Vegas, NV 89147**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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.

(478) 746-5748

SIGNATURE: Sandra Rosalina-Speckly Gen Business Trust Manager

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

Date **1/5/02** Daytime Phone # **MCB**

CR2E083 (9/01)