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FILED

02 OCT 10 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003401

1. Entity Name

Time Code Productions LLC

Principal Place of Business

3475 Mystic Pointe Drive
#11
Aventura, FL 33180

Mailing Address

3475 Mystic Pointe Drive
#11
Aventura, FL 33180

2. Principal Place of Business

3475 Mystic Pointe Drive
Suite, Apt. #, etc.
#11

3. Mailing Address

3475 Mystic Pointe Drive
Suite, Apt. #, etc.
#11

City & State

Aventura, FL

City & State

Aventura, FL

4. FEI Number

65-1080009

Applied For

Not Applicable

Zip

33180

County

Miami-Dade

Zip

33180

County

Miami-Dade

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Corporate Creations Network Inc.

941 Fourth Street #200

Miami Beach, FL 33139

7. Name and Address of New Registered Agent/Office

Name

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

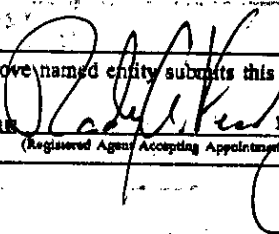
Suite, Apt. #, etc.

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  Randy Fernandez, Vice President

(Registered Agent Accepting Appointment)

(NOTE: Registered Agent signature required when relinquishing)

DATE 10/02/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
Member
Daphna Jabiles
3475 Mystic Pointe Drive #11
Aventura, FL 33180 ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
Member
Mirtha Gomboroff
3475 Mystic Pointe Drive #11
Aventura, FL 33180 ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

10. ADDITION/CHANGES

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
☐ CHANGE
☐ ADDITION

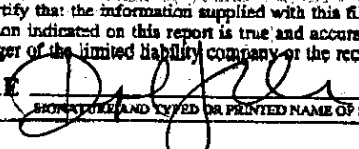
TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
☐ CHANGE
☐ ADDITION

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
☐ CHANGE
☐ ADDITION

TITLE NAME
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CITY - ST - ZIP
☐ CHANGE
☐ ADDITION

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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  Daphna Jabiles, Member

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER)

Date

Daytime Phone

10/02/02 205-692-7344/451

455-3200

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

2012
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Time Code Productions LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

Sincerely,

Daphna Jabiles
Member

Date: 10/02/02