

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90194 034 ****50.00

DOCUMENT # L01000005332

1. Entity Name
MOVIE SYSTEMS, L.L.C.

Principal Place of Business
20121 N.W. 12TH AVENUE
MIAMI FL 33169

Mailing Address
20121 N.W. 12TH AVENUE
MIAMI FL 33169

2. Principal Place of Business
20121 N.W. 12TH AVE.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33169

Country
DADE

Zip
33169

Country

4. FEI Number
05-0531609

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMOLEY, ROBERT
20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **Robert Smoley**
DIAZ, O'HAGHTEN + BORGOGNONI, LLP.
 Street Address (P.O. Box Number is Not Acceptable)
2665 South Bayshore Drive Suite 200
 City **MIAMI** FL Zip Code **33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R Smoley*
 Signature, Name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE **9/20/02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **Trustee**
 STREET ADDRESS **Robert Smoley**
 CITY-ST-ZIP **2665 So. Bayshore Dr. # 200**
MIAMI, FL 33133

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Tyson, David*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **9/20/02** DAYTIME PHONE # **4305-653-3513**

CR2E083 (4/02)