

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90124 021 \*\*\*\*50.00

DOCUMENT # L 01000006001

1. Entity Name

Area Productions, LLC

**DO NOT WRITE IN THIS SPACE**

**954029**

2. Principal Place of Business

18090 Collins Avenue

3. Mailing Address

18090 Collins Avenue

Suite, Apt. #, etc.

T-15

Suite, Apt. #, etc.

T-15

DO NOT WRITE IN THIS SPACE

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

4. FEI Number

36-4436683

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Boris Kuskin

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

18090 Collins Avenue

T-15

City

Sunny Isles Beach

FL

Zip Code

33160

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

B. Kuskin

Signature, typed or printed name of registered agent and title if applicable.

04/11/2002

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	<u>MGRM</u>
NAME	<u>Boris Kuskin</u>
STREET ADDRESS	<u>18090 Collins Avenue, T-15</u>
CITY-ST-ZIP	<u>Sunny Isles Bch, FL 33160</u>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<u>MGRM</u>
NAME	<u>Yevgeny Kuskin</u>
STREET ADDRESS	<u>1750 N.E. 191st. #513</u>
CITY-ST-ZIP	<u>N.M. Beach, FL 33179</u>

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**DO NOT WRITE  
IN THIS SPACE**

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:

B. Kuskin

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

04/11/2002

Date

(305) 331-9079

Daytime Phone #

CR2E083B (12/01)