

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90039 004 ***150.00

DOCUMENT # L0100000 6001

1. Entity Name

AREA PRODUCTIONS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18090 Collins Avenue

Suite, Apt. #, etc.

T-15

3. Mailing Address

18090 Collins Avenue

Suite, Apt. #, etc.

T-15

DO NOT WRITE IN THIS SPACE

City & State
Sunny Isles Beach

City & State
Sunny Isles Beach

4. FEI Number

36-4436683

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

\$8.75 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

B. Kuskin

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

(NOTE: Registered Agent signature required when reinstating)

04/11/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM.
Boris Kuskin
18090 Collins Avenue, T-15
Sunny Isles Beach, FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

B. Kuskin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2003

Date

(305) 466-2724

Daytime Phone #

CR2E034B (12/02)