LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007139

1. Entity Name

SCREEN ZONE L.C.

FILED

2003 NOV 20 AM 10:04

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3ª TRANSV. EDIF. ANYPAULA P.B.	1601 N.E 191st ST
Suite, Apt. #, etc. EL ROSARIO URB. LOS CHORROS	Suite, Apt. #, etc. APT # 220 B
City & State CARACAS	City & State NORTH MIAMI FL.
Zip / Country VENEZUELA	Zip 33179 / Country U.S.A.

4. FEI Number 65-1100896 — ☐ Applied For ☐ Not Applicable

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 VICTOR HUGO

Street Address (P.O. Box Number is Not Acceptable) 1601 N.E 191st. St. APT # 220 B

City NORTH MIAMI BEACH FL Zip Code 33179

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 _____ 10/28/03

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	DIRECTOR
NAME	VICTOR HUGO
STREET ADDRESS	1601 N.E. 191 St. N°220B
CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33179
TITLE	DIRECTOR FOR VENEZUELA
NAME	LEONOR DE CHIARINI
STREET ADDRESS	3ª TRANSV. ED. ANYPAULA P.B URB. LOS
CITY-ST-ZIP	CHORROS, AV EL ROSARIO, CARACAS VNZLA
TITLE	VICEPRESIDENT FOR VENEZUELA
NAME	LUCIANO CHIARINI
STREET ADDRESS	3ª TRANSV. EDIF. ANYPAULA P.B. URB LOS
CITY-ST-ZIP	CHORROS AV. EL ROSARIO - CARACAS - VENEZUELA
TITLE	SNEC DIRECTOR
NAME	NATHALY CHIARINI
STREET ADDRESS	3ª TRANSV. EDIF. ANYPAULA, P.B. URB LOS
CITY-ST-ZIP	CHORROS AV. EL ROSARIO CARACAS - VNZLA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	200024E8B092
CITY-ST-ZIP	11/20/03--01008--004 **50.00
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	**DO NOT WRITE**
TITLE	**IN THIS SPACE**
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	**REINSTATEMENT 2003**
CITY-ST-ZIP	

CR2E083B (12/02)

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: _____ 10/28/03 (305) 948-0568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #