## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Mar 26, 2002 8:00 am<sup>3</sup> Secretary of State DOCUMENT # L0100008081 1. Entity Name 03-26-2002 90097 028 \*\*\*\*55 00 ARCHANGEL FILMS LLC Principal Place of Business Mailing Address **16331 SW 81ST STREET** 16331 SW 81ST STREET MIAMI FL 33193 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address 6331 SW RIST Street 3633 Poinciana Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Coconut Grove 65-1109899 Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired $u \leq A$ USA 3319*3* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOMEZ, RAFAEL Street Address (P.O. Box Number is Not Acceptable) **16331 SW 81ST STREET MIAMI FL 33193** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** MGRM Addition ☐ Change ☐ Delete TITLE TITLE Russell, William 3633 Poinciana Ave. GOMEZ, RAFAEL NAME NAME **16331 SW 81ST STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33193 Coconut Grove, FL 33133 ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS CITY-ST-7IP