

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90113 006 ****50.00

DOCUMENT # L01000012197

1. Entity Name

SKYDISH-TV LLC INN TV LLC



Principal Place of Business

Mailing Address

18181 NE 31ST CT NUMBER 902
AVENTURA FL 33180

18181 NE 31ST CT NUMBER 902
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

2871 NE 185TH ST

2871 NE 185TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

204

City & State

City & State

Aventura FL

Aventura FL

Zip

Zip

FL 33180

Country

Country

USA

FL 33180

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1127503**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANSEN, MICHAEL S
18181 NE 31ST CT NUMBER 902
AVENTURA FL 33180

Name **Michael S Jansen**

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

2871 NE 185TH ST

#204

City **Aventura**

FL

Zip Code
33180

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

Michael S Jansen **Michael S Jansen**

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

(NOTE: Registered Agent signature required when reinstating)

1/30/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **JANSEN, MICHAEL**
STREET ADDRESS **18181 NE 31ST CT #902**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☒ Change ☐ Addition
NAME **2871 NE 185TH ST #204**
STREET ADDRESS **Aventura FL 33180**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **JANSEN, JENNIFER**
STREET ADDRESS **18181 NE 31ST CT #902**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☒ Change ☐ Addition
NAME **2871 NE 185TH ST #204**
STREET ADDRESS **Aventura FL 33180**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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:

Michael S Jansen **Michael S Jansen**

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

1/30/03

Date

954-328-0232

Daytime Phone #

CR2E083 (10/02)