LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2002 8:00 am
Secretary of State
06-26-2002 90070 006 ****55.00

06/24/02

561-953-5353

DOCUMENT # L01000012719 1. Entity Name				06-26-2002 90070 006 ****55.00		
,	ENTERTAINMENT I	PARTNERS, LLC				
	O NOT WRI		B0125813			
2. Principal Plac 3785 N F	e of Business ederal Highway	3. Mailing Address 3785 N. Fede	eral Highway			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Second Floor City & State		Second Floo	<u> </u>	4. FEI Number		Applied For
Boca Raron, Florida		Boca Raton		65-1126050		Not Applicable
Zip 3343	Country 1 U.S.A.	Zip 33431	Country U.S.A.	5. Certificate of Status Desired		00 Additional Required
				7. Name and Address of Current R	egistered Age	ent
	DO NOT	WOITE	Name Danie	l J. Rose, Esq.		
	DO NOT	TO FIGURE 18 18 18 18 A	(P.O. Box Number is Not Acceptable) A & LIPSHY, P.A.			
INTHIS SPACE 201				I.E. First Avenue		
			City Boca J	ca Raton FL Zip Code 33444		
8. The above na	med entity submits this stateme	ent for the purpose of changing		red agent, or both, in the State of Flori		
	501	_				
SIGNATURE	nature, typed or printed name of registered	agent and title if applicable.		06/	24/02 DATE	
, _		Make Check	FEE IS \$50.00 Payable to Department of	f State		
			DUE BY MAY 1		1.11 1 1.11 1.11 1.11 1.11 1.11 1.11 1	
	9. MANAGING MEMBERS/MANAGERS					5
	MGRM DARREN CLEVELANI)	TITLE NAME			(12)0
STREET ADDRESS 831 Berkely Street			STREET ADDRESS			33
· .	Boca Raton, FL	33487	MILE TO THE TOTAL THE TOTAL TO THE TOTAL TOT		<u>da Nahaditaa ya</u> Waliopara da	CR2E083B
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11 I bereby cer	tify that the information supplies	d with this filing does not qualit	v for the exemption stated in S	ection 119.07(3)(i), Florida Statutes.	further certify t	hat the information
indicated or	this report is true and accurate	e and that my signature shall h	ave the same legal effect as if the report as feedured by Char	made under oath; that I am a managi oter 608, Florida Statutes.	ing member or	manager of the

Narren Cleveland

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