

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90125 009 ****50.00

DOCUMENT # L01000012926

1. Entity Name

MOMENTUM MERCHANDISING LLC

Principal Place of Business

**3330 S. VINELAND ROAD
 SUITE C
 ORLANDO FL 32811**

Mailing Address

**3330 S. VINELAND ROAD
 SUITE C
 ORLANDO FL 32811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Num

Not Yet Assigned

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

**SCREENWORKS USA, INC.
 3330 S. VINELAND ROAD
 SUITE C
 ORLANDO FL 32811**

Name

SHARAD MEHTA

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

3330 S. VINELAND ROAD, #C

City

ORLANDO

FL

Zip Code
32811

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 SHARAD MEHTA
 3330 S. VINELAND ROAD, #C
 ORLANDO FL 32811**

☐ Delete

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 MARK NELSON
 4240 LB MCDONALD RD, #109
 ORLANDO FL 32811**

☐ Delete

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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CR2E083 (9/01)

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:

SHARAD MEHTA

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

Date

Daytime Phone #

4.17.2002 407-245-3609