

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90126 041 ****50.00

DOCUMENT # L01000013618

1. Entity Name

LIQUID DREAM STUDIOS, LLC

Principal Place of Business

Mailing Address

**12852 POINSETTIA AVE.
 SEMINOLE FL 33776**

**12852 POINSETTIA AVE.
 SEMINOLE FL 33776**

2. Principal Place of Business

10590 66th Avenue N.

3. Mailing Address

10590 66th Avenue N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

2

City & State

City & State

Seminole, FL

Seminole, FL

Zip

Country

Zip

Country

33772

USA

33772

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

**LEGAL ZOOM NEVADA, INC.
 395 ALHAMBRA CIRCLE, SUITE 301
 CORAL GABLES FL 33134**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **MGRM**
 STREET ADDRESS **ANTHONY R. SIRAGUSA**
 CITY-ST-ZIP **12852 POINSETTIA AVE
 SEMINOLE, FL 33776**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **MGRM**
 STREET ADDRESS **JUSTINE P. SIRAGUSA**
 CITY-ST-ZIP **12852 POINSETTIA AVE
 SEMINOLE, FL 33776**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

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

Anthony Siragusa

8/13/02

727.320.0980

Day

Daytime Phone #

CR2E083 (4/02)