

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-13-2002 90209 042 ****50.00

DOCUMENT # L01000014689

1. Entity Name

MENTAL NARXMEN MEDIA

DO NOT WRITE IN THIS SPACE

91975

2. Principal Place of Business

3800 Inverrary Blvd

3. Mailing Address

PO Box 16473

Suite, Apt. #, etc.

101A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL, FL.

City & State

Plantation, FL.

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33319

Country

USA

Zip

33318

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Cristina Solana

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

4750 NW 10 Ct. #116

City

Plantation

FL

Zip Code

33318

**DO NOT WRITE
IN THIS SPACE**

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

Cristina Solana

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

4/26/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MANAGING MEMBER	Cristina Solana	4750 NW 10 Ct. #116	Plantation, FL 33318				
MANAGING MEMBER	Alicia Shirley	11145 Azusa Way	San Diego, CA 92126				
MANAGING MEMBER	Martin Rivera	4750 NW 10 Ct. #116	Plantation, FL 33318				

**DO NOT WRITE
IN THIS SPACE**

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:

Cristina Solana

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

4/26/02 786-586-322

Date

Daytime Phone #

CR2E083B (12/01)