

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-16-2002 90261 013 ****50.00

DOCUMENT # L01000015413

1. Entity Name

CLASSIC ENTERPRISES, LLC

Principal Place of Business

**2586 AVENUE AU SOLEIL
 GULFSTREAM FL 33486**

Mailing Address

**2586 AVENUE AU SOLEIL
 GULFSTREAM FL 33486**

13615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3828977

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FILINGS, INC.
 3732 NORTHWEST 16TH STREET
 FORT LAUDERDALE FL 33311**

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.

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
 CREATIVE ENTERTAINMENT, INC.
 2586 AVENUE AU SOLEIL
 GULFSTREAM FL 33486** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 BANG, INC.
 45 WEST 167TH STREET
 NEW YORK NY 10023** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**WEST SIDE PROMOTIONS INC.
 45 WEST 67TH STREET** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 GELB ENTERPRISES, INC.
 15 S. NEW HAVEN AVE.
 VENTNOR NJ** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
08406 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

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

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:

Frank J. [Signature]

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

Date

1/11/2002

Daytime Phone #

561-330-6400

CR2E083 (9/01)