

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90025 004 ****50.00

DOCUMENT # L01000018950

1. Entity Name

GMMP ENTERTAINMENT, LLC



Principal Place of Business

**851 EAST STATE ROAD 434
SUITE 192
LONGWOOD FL 32750**

Mailing Address

**851 EAST STATE ROAD 434
SUITE 192
LONGWOOD FL 32750**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

5182 Not 192

Suite, Apt. #, etc.

5182 Not 192

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3753164

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

**GREENSPOON, MARC A
2618 ULTRA VISTA DRIVE
MAITLAND FL 32751**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
GREENSPOON, MARC A
2618 ULTRA VISTA DR
MAITLAND FL 32751**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
MELGAREJO, PABLO A
1730 N. CLARK APT 1735
CHICAGO IL 60614**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

**Melgarejo, Pablo A.
630 N. STATE RD.
APT 2705 Chicago, IL 60610**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ 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:

SIGNATURE REQUIRED

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

3/25/03

Daytime Phone #

646-345-6500

CR2E083 (10/02)