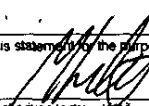
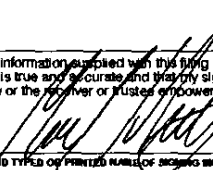


FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90025 001 ****55.00

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

DOCUMENT #L01000020092		
1. Entry Name THE BRAND EXPERIENCE, LLC		
Principal Place of Business 115, 1ST RIVO ALTO TERRACE MIAMI BEACH, FL 33139 US		Mailing Address 115, 1ST RIVO ALTO TERRACE MIAMI BEACH, FL 33139 US
2. Principal Place of Business 1521 Alton Rd Suite, Apt. #, etc. #8		3. Mailing Address 1521 Alton Road Suite, Apt. #, etc. #8
City & State Miami Beach FL		City & State Miami Beach, FL
Zip 33702 Country USA		Zip 33702 Country USA
4. FEI Number 65-1156455		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHMIDT, MARK 1624 ALTON ROAD #8 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Schmidt, Mark Street Address (P.O. Box Number is Not Acceptable) 6527 Bayou Grande Blvd N.E. City St. Petersburg FL Zip Code 33702
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  DATE 7/14/03 (NOTE: Registered Agent signature required when making change)		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGRM NAME SCHMIDT, MARK STREET ADDRESS 115 1ST TERRACE, ROW ALTO ISLAND CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete		TITLE (same) NAME (same) STREET ADDRESS 6527 Bayou Grande Blvd NE CITY-ST-ZIP St. Petersburg, FL 33702 ☐ Change ☐ Addition
TITLE MGRM NAME BLUNNELL, BETHANY STREET ADDRESS 115 1ST TERRACE, ROW ALTO ISLAND CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete		TITLE (same) NAME (same) STREET ADDRESS 6527 Bayou Grande Blvd NE CITY-ST-ZIP St. Petersburg, FL 33702 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 606, Florida Statutes. SIGNATURE:  DATE 7/14/2003 (727) 521-3488		

90144051

☐ CHECK HERE IF MAKING CHANGES

CR2003 (1002)