

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90059 038 ****55.00

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

DOCUMENT # L01000022071

1. Entity Name

EMPIRE ENTERTAINMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1351 Collins Avenue

3. Mailing Address
1351 Collins Avenue

Suite, Apt. #, etc.
#6

Suite, Apt. #, etc. #6

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach, FL 33139

City & State
Miami Beach, FL

4. FEI Number
80-0024984

Applied For
Not Applicable

Zip
33139

Country
USA

Zip
33139

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Paul R. David

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

1351 Collins Avenue #6

City Miami Beach

FL

Zip Code
33139

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

Paul R. David - Registered Agent

February 6, 2002

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
MGRM
Paul R. David
1351 Collins Avenue #6
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Frederic Frosini
1900 Liberty Avenue #205
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Gerard A. Albers
1351 Collins Avenue #6
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
Murray Brown
13700 SW 62 ST #128
Miami, FL 33183

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and 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

Paul R. David, MANAGING MEMBER

Feb. 6, 2002

305.490.6590

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

DATE

DAYTIME PHONE #

CR2E088B (12/01)