

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

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90056 010 ****50.00

DOCUMENT # L01000022225

1. Entity Name

SOVEREIGN ENTERTAINMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2999 S Tamiami Tr

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

4. FEI Number

01-0558822

Applied For

Not Applicable

Zip

34239

Country

Sarasota

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lori-Nan M. Haley

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

2999 S Tamiami Tr

City

Sarasota

FL

Zip Code

34239

**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

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

Lori-Nan M. Haley

4-22-02

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
MGRM Stuart Glass 946677
Marchayke / Burnside Rd
Glasgow Scotland

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM Alan Glass
41 Graithekar Rd Whitegrais
Glasgow Scotland 946 651

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IN THIS SPACE**

CR2E083B (12/01)

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:

[Handwritten Signature]

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

Date

Daytime Phone #