

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

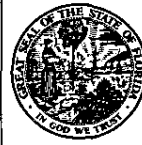
FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90696 019 ****50.00

DOCUMENT # L01000022823

1. Entity Name

IMAGE MAKERS, L.L.C.



Principal Place of Business

3440 HOLLYWOOD BLVD., STE 360
HOLLYWOOD FL 33021

Mailing Address

3440 HOLLYWOOD BLVD., STE 360
HOLLYWOOD FL 33021

2. Principal Place of Business

2929 SW 3 AV. (CORAL WAY)

Suite, Apt. #, etc.

SUITE 620

3. Mailing Address

P.O. Box 190123

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

80-0020123

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33119

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ.
3440 HOLLYWOOD BLVD., STE 360
ROTH, ROUSO & DARRACH, P.A.
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name KARP, DANIEL
Street Address (P.O. Box Number is Not Acceptable)
2929 SW 3 AV. (CORAL WAY) # 620
City MIAMI FL Zip Code 33129

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

TITLE MGRM
NAME KARP, DANIEL O
STREET ADDRESS 3440 HOLLYWOOD BLVD., STE 360
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE MGRM
NAME ZUCCHERI, SILVIO
STREET ADDRESS 3440 HOLLYWOOD BLVD., STE 360
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME KARP, DANIEL
STREET ADDRESS 2929 SW 3 AV. (CORAL WAY) # 620
CITY-ST-ZIP MIAMI, FL 33129

TITLE MGRM
NAME ZUCCHERI, SILVIO
STREET ADDRESS 2929 SW 3 AV. (CORAL WAY) # 620
CITY-ST-ZIP MIAMI, FL 33129

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CITY-ST-ZIP

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

Date

Daytime Phone #

04/29/03 (305) 467-1262

CR2E083 (10/02)