04/30/2003 13:53 9544528333 DAVID J DODDO CF

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Secretary of State
05-02-2003 90757 026 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003344

1. Entity Name
GENIUS WORLD, LLC

44003383

Principal Place of Business	Mailing Address
1320 S. DIXIE HWY #1061 C/O DAVID DODDO CPA CORAL GABLES, FL 33146	1320 S. DIXIE HWY #1061 C/O DAVID DODDO CPA CORAL GABLES, FL 33146
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 30-0129712 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DODDO, DAVID
1320 S. DIXIE HWY #1061
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

10. ADDITIONS/CHANGES

Title	Name	Street Address	City-St-Zip	Change	Addition
Managing member	Heidi Garnin	174 Isla Dorada Blvd.	Coral Gables, FL 33143	☐	☒
Managing member	Patricia Leon	11665 S. Dixie Highway	Miami, FL 33156	☐	☒
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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] 04/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)