

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

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

5/

05-12-2003 90090 015 \*\*\*\*50.00

<b>DOCUMENT # L02000006928</b>					
1. Entity Name <b>KATSU MARKETING, LLC</b>					
Principal Place of Business C/O LAW OFFICES OF JOSEPH M. BARISIC, PLLC 1680 MICHIGAN AVENUE, SUITE 1001 MIAMI BEACH FL 33139			Mailing Address C/O LAW OFFICES OF JOSEPH M. BARISIC, PLLC 1680 MICHIGAN AVENUE, SUITE 1001 MIAMI BEACH FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>01-0641978</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LAW OFFICE OF JOSEPH M. BARISIC, PLLC</b> <del>1680 MICHIGAN AVENUE, SUITE 1001</del> <b>1680 MICHIGAN AVENUE, SUITE 1001</b> <b>MIAMI BEACH FL 33139</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <i>Joseph M. Barisic</i>			DATE <b>1/14/03</b>		
SIGNATURE (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME		TITLE	NAME	
	<b>Hilary A. Chiba</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>1521 Alton RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>UNIT # 86</b>		CITY-ST-ZIP		
	<b>Miami Beach, FL 33139</b>				
TITLE	NAME		TITLE	NAME	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>[Signature]</i>			DATE: <b>1/14/03</b>		DAYTIME PHONE: <b>305 495 3326</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

CR2E083 (10/02)

**55652705**



CHECK HERE IF MAKING CHANGES