2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 06, 2003 8:00 am Secretary of State

5/7/.

DOCUMENT # L0200008453 1. Entity Name ACTION FOR CONTENT FACTOR PROJECT LLC								05-07-	2003 900	46 U42 *	***50.00	
VENTURE DEVELOPMENT ENTERPRISES, LLC									5 5 5 5 C			
Principal Place of Business C/O ALLEN & GALEGO 801 BRICKELL KEY DRIVE, SUITE 805			C/0 601	Mailing Address C/O Allen & Galego 601 Brickell Key Drive. Suite 805				44003484				
uiami FL 3313	H		MIA	NMI FL 33131)	 	1911 1911 1911 1911	SHIF HE ITE	
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FEI Num	3 - 000	9115		Applied For Not Applicable	a
Zip	Zip Country			Zip Coun		ntry	5. Certificate of Status Desired Specificate of Spe				7	
	6. Name an	d Address of	Current Regis	stered Agent		T	7. Name a	nd Address of New	Registered	<u>_</u>		⇉
ALLI	EN & GALEGO	ء عامد العدم	_ · <u></u> _			Name				<u></u>		
601	BRICKELL KE MI FL 33131		TE 805		•	Street Addres	s (P.O. Box Num	ber is Not Acceptat	ole)			7
						City	,	······································	FL	Zip Co	de	\dashv
	named entity su tions of registers		ement for the p	ourpose of changing it	ts register	ed office or regis	tered agent, or b	oth, in the State of I	Florida, l'am	lamiliar with	i, and accept	1
SIGNATURE	Signature, typed or pr	inted name of registe	red agent and tille	if applicable. (NO	TE: Registere	od Agent signatura requi	red when reinstating)		DATE			
	<u> </u>	•		FILE N	OW!!!	FEE IS \$50.00	,				·	7
		. 5		Make Check Payal	ble to Fl	•	, i					
9.	IAA Cad	MANAGING	MEMBERS/M		10.			ADDITION	S/CHANGES			٦,
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CITY-ST-ZIP	Miam		3313]	CITY	-S1-21P]
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TITLE NAME STREET ADDRESS				☐ Deleta	TITLE NAMI STRE	t				☐ Change	Addition	
CITY-ST-ZIP	1 /				CITY	-ST-ZIP		<u> </u>		·		
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CITY-ST-ZIP					спу-	-ST-ZIP				·]
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE	:				Change	Addition	
CITY-ST-ZIP	ertify that the infe	Amando anos	ad with this fill	ing does not availible	CITY-	ST-ZIP	ection 110 07/01	(i) Florida Chausan	d Secondary and and	h, shae sha '-	********	
indicated	on this report is t	nue and accura	te and that m	ing does not qualify fo y signature shall have	the same	legal effect as if	made under oath	; that I am a mana	ging member	ot wausde	r of the	ł

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING M