

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90064 002 ****50.00

DOCUMENT # L02000008902

1. Entity Name

OUTHOUSE ENTERTAINMENT, LLC



Principal Place of Business

227 S. ARMENIA AVE., APT. 3
TAMPA FL 33609

Mailing Address

227 S. ARMENIA AVE., APT. 3
TAMPA FL 33609

2. Principal Place of Business

3415 W. Hillsborough Ave
Suite, Apt. #, etc.
731

3. Mailing Address

3415 W. Hillsborough Ave
Suite, Apt. #, etc.
731

City & State

Tampa FL

City & State

Tampa FL

Zip

33614

Country

Zip

33614

Country

4. FEI Number

90-0107776

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fees Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PIADADE, WAYNE R
227 S. ARMENIA AVE., APT. 3
TAMPA FL 33609

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

Wayne R. Piadade

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

(NOTE: Registered Agent signature required when reinstating)

8.18.03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **PIADADE, WAYNE R**
STREET ADDRESS **227 S. ARMENIA AVE., APT. 3**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **CEO** ☐ Delete
NAME **PIADADE WAYNE R**
STREET ADDRESS **3415 W Hillsborough Ave**
CITY-ST-ZIP **Tampa FL 33609 33614**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Wayne R. Piadade

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

8.18.03

Date

813.727.3957

Daytime Phone #

CR2E083 (4/03)