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

## DOCUMENT #L0200009540

## FILM SLATE PARTNERS 2002, LLC



Principal Place of Business Mailing Address KCEGCIDE 5606 HOLLYWOOD BLVD. 5606 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FFI Number Not Applicable APPLIED FOR Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOX-BUTLER, PATRICIA ESQ. Street Address (P.O. Box Number is Not Acceptable) KIPNIS TESCHER LIPPMAN & VALINSKY 100 N.E. THIRD AVE., STE. 610 FORT LAUDERDALE FL 33301-1165 City 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) ,...... ;= FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 1 PCEO ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BAQUERO ERIK STREET ADDRESS STREET ADDRESS 5606 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP #OLLYWOOD, FL 33021 Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITL F TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE

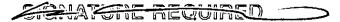
## FILED Sep 15, 2003 8:00 am Secretary of State

09-15-2003 90096 041 \*\*\*\*50.00

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



NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #