FILED
Jun 13, 2003 8:00 am
Secretary of State
05-05-2003 92183 039 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012656

1. Entity Name
POP WORLD LLC

44004229

[redacted]

Principal Place of Business	Mailing Address
3550 BISCAYNE BLVD. SUITE 604 MIAMI, FL 33137	3550 BISCAYNE BLVD. SUITE 604 MIAMI, FL 33137

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14050 BISCAYNE BLVD	14050 BISCAYNE BLVD
Suite, Apt. #, etc.: # 602	Suite, Apt. #, etc.: # 602
City & State: NORTH MIAMI BEACH	City & State: NORTH MIAMI BEACH
Zip: 33181 Country: USA	Zip: 33181 Country: USA

4. FEI Number: 03-0453050 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MAFFEI, LUIS MARIA
3550 BISCAYNE BLVD.
SUITE 604
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name: MAFFEI LUIS MARIA
Street Address (P.O. Box Number is Not Acceptable): 14050 BISCAYNE BLVD # 602
City: NORTH MIAMI BEACH FL Zip: 33181

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 ______________________ DATE ______
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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: MAFFEI, LUIS STREET ADDRESS: 14050 BISCAYNE BLVD # 602 CITY-ST-ZIP: NORTH MIAMI BEACH FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] Luis Maffei 4/28/03 (305) 357-8042
Signature and typed or printed name of signing managing member, manager, or authorized representative — Date — Daytime Phone #