

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90024 044 \*\*\*\*50.00  
07-21-2003 90087 024 \*\*\*\*55.00

**DOCUMENT # L02000012951**

1. Entity Name

**NO STRINGS ATTACHED ENTERTAINMENT, LLC**



Principal Place of Business

1 LAS OLAS CIRCLE #904  
FORT LAUDERDALE FL 33316

Mailing Address

1 LAS OLAS CIRCLE #904  
FORT LAUDERDALE FL 33316

**55653611**

2. Principal Place of Business

2 South University Dr. 2 South University Dr.

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

☐ CHECK HERE IF MAKING CHANGES

City & State

Plantation FL.

City & State

Plantation FL.

4. FEI Number

47-0871251

Applied For

Not Applicable

Zip

33324

Country

U.S.A.

Zip

33324

Country

U.S.A.

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRINGER, RALPH E  
2 S. UNIVERSITY DR., STE. 325  
PLANTATION FL 33324

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

*Ralph E. Stringer*

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

(NOTE: Registered Agent signature required when reinstating)

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: President  
NAME: Ralph E. STRINGER  
STREET ADDRESS: 1 Las Olas Circle  
CITY-ST-ZIP: Ft. Lauderdale FL 33316

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10. ADDITIONS/CHANGES

TITLE:   
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☐ Change ☐ Addition

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CITY-ST-ZIP:

☐ Change ☐ Addition

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:

*Ralph E. Stringer*

**SIGNATURE REQUIRED**

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

Date

Daytime Phone

CR2E083 (4/03)