


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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90997 016 \*\*\*\*55.00

DOCUMENT # <b>LO2000017983</b>	
1. Entity Name <b>John Doe Entertainment, L.L.C.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>18520 NW 79 Ct.</b>	3. Mailing Address <b>P.O. Box 173171</b>
Suite, Apt. #, etc. <b>-</b>	Suite, Apt. #, etc.
City & State <b>Hialeah, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33015</b> Country <b>USA</b>	Zip <b>33017</b> Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>22-3876407</b>	Applied For Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <b>Hanna, Alex A. Esq.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>286 Westward Drive</b>		
City <b>MIAMI SPRINGS</b> FL Zip Code <b>33166</b>		


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	DATE
<p align="center"><b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b></p>		

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MEMR</b> <b>FRANCO A. PARENTE</b> <b>18520 NW 79 Ct.</b> <b>MIAMI, FL 33015</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/02)

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: 	<b>4/23/03</b>	<b>305.571-3547</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #