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

## DOCUMENT # L02000019444

1. Entity Name FISH OR CUT BAIT PRODUCTION	ONS, LLC
Principal Place of Business	Mailing Address
4601 SHERIDAN STREET. SUITE 222 HOLLYWOOD FL 33021	4601 SHERIDAN STREET. SUITE 222 HOLLYWOOD FL 33021
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

## FILED May 12, 2003 8:00 am Secretary of State 05-12-2003 90091 028 \*\*\*\*50.00

2. Principal Place of Business   3. Mailing Address   Suito, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES   City & State   City & State   4. FEI Number   Applied For Nov Applicable   Zip   Country   Zip   Country   5. Certificate of Status Desired   \$5.00 Additional Fee Required    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   CORPORATE CREATIONS NETWORK INC 941 FOURTH STREET   MIAMI BEACH FL 33139   City   FL   Zip Code   S. 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 are the separate Agent segment Agent segment required when recitation)   DATE    FILE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State   Due By May 1, 2003   9. MANAGING MEMBERS / MANAGERS   10. ADDITIONS /CHANGES   TITLE NAME   MGR   Deside   NAME   SIRRET ANDRESS   SIRRET ANDRESS   CITY-ST-ZIP   MGR   Deside   NAME   SIRRET ANDRESS   CITY-ST-ZIP   MGR   SIRRET ANDRESS   CITY-ST-ZIP   MGL YWOOD FL 33021   TITLE   MGR   Deside   NAME   SIRRET ANDRESS   CITY-ST-ZIP   MGL YWOOD FL 33021   TITLE   MGR   Deside   NAME   SIRRET ANDRESS   CITY-ST-ZIP   MGL YWOOD FL 33021   TITLE   MGR   Deside   NAME   SIRRET ANDRESS   CITY-ST-ZIP   MGL YWOOD FL 33021   TITLE   MGR   Deside   NAME   SIRRET ANDRESS   CITY-ST-ZIP   MGL YWOOD FL 33021   TITLE   MGR   Deside   NAME   SIRRET ANDRESS   CITY-ST-ZIP   MGL YWOOD FL 33021   TITLE   MGR   Deside   NAME   SIRRET ANDRESS   CITY-ST-ZIP   MGL YWOOD FL 33021   TITLE   MGR   Deside   NAME   SIRRET ANDRESS   CITY-ST-ZIP   MGL YWOOD FL 33021   TITLE   MGR   Deside   NAME   SIRRET ANDRESS   CITY-ST-ZIP   MGL YWOOD FL 33021   TITLE   MGR   Deside   NAME   SIRRET ANDRESS   CITY-ST-ZIP   MGL YWOOD FL 33021   TITLE   MGR   DESIGN   NAME   SIRRET ANDRESS   CITY-ST-ZIP   MGL YWOOD FL 33021   TITLE   MGL YWOOD FL 33021   TITLE   MGL YWOOD FL 33021   TITLE   MGL YWO				\						
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S. Name and Address of Current Registered Agent  CORPORATE CREATIONS NETWORK INC 941 FOURTH STREET MAKES 13139  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE  S	Zip	Country	Zip Cour			5 Certificate of Status Desired S5.00 Additional			ditional	
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Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  And State of Florida. I am familiar with, and scoept the origination agent with a description of registered agent, or both, in the State of Florida. I am familiar with, and scoept the origination of registered agent, or both, in the State of Florida. I am familiar with, and scoept the origination of registered agent, or both, in the State of Florida. I am familiar with, and scoept the origination of registered agent, or both, in the State of Florida. I am familiar with, and scoept the origination of registered agent, or both, in the State of Florida. I am familiar with, and scoept the origination of registered agent, or both, in the State of Florida. I am familiar with, and scoept the origination of registered agent, or both, in the State of Florida. I am familiar with, and scoept the origination of the complete agent, or both, in the State of Florida. I am familiar with, and scoept the origination of the complete agent, or both, in the State of Florida. I am familiar with, and scoept the origination of the complete agent, or both, in the State of Florida. I am familiar with, and scoept the origination of the complete agent, or both, in the State of Florida. I am familiar with, and scoept the complete agent, or both, in the State of Florida. I am familiar with, and scoept the complete agent th	COR			N	ame					
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the informati indicated on this report is true appliance and faculate and that my signature shall have the exemption stated in finded under oath; that I am a managing member or manager of the limited liability company or the feceiver or trustee empowered to precute this poort as required by Chapter 608, Florida Statutes.

SIGNATURE: NOT TYPED OF PRINTED MANAGER, OR AUTHORIZED REPRESENTATIVE