

FILED  
Jun 09, 2003 8:00 am  
Secretary of State

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05-01-2003 90275 019 \*\*\*\*50.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019825

1. Entity Name  
PLATINUMKICKS LLC

Principal Place of Business  
6717 WHITEWAY DR.  
TAMPA, FL 33617 US

Mailing Address  
PO BOX 291113  
TRIPLE TERRACE, FL 33617 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country  
Zip  
Country

4. FBI Number  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LEVINE, DANIEL J  
6717 WHITEWAY DR  
TAMPA, FL 33617

7. Name and Address of Most Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

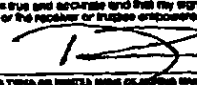
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Signature used for printing name of registered agent and filer (print name)  
Name

9. MANAGING MEMBER/MANAGERS

10. ADDITIONS/CHANGES

11. I hereby certify that the information supplied with this filing complies with the requirements stated in Section 190.07(3), Florida Statutes. I further certify that the information reflected 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 605, Florida Statutes.

SIGNATURE:  4/30/03 (313) 985-1132