


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

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1/91

55022642

<b>DOCUMENT # L02000021349</b>			
1. Entity Name <b>CASABELLA NATIONAL STUDIO, LLC</b>			
Principal Place of Business <b>55 OCEAN LANE DR. #1028 KEY BISCAYNE FL 33148</b>		Mailing Address <b>55 OCEAN LANE DR. #1028 KEY BISCAYNE FL 33148</b>	
2. Principal Place of Business <b>16300 NE 19th AVE.</b>		3. Mailing Address <b>16300 NE 19th AVE.</b>	
Suite, Apt. #, etc. <b>221</b>		Suite, Apt. #, etc. <b>221</b>	
City & State <b>N. MIAMI BEACH, FL.</b>		City & State <b>N. MIAMI BEACH, FL.</b>	
Zip <b>33162</b>		Zip <b>33162</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>33-1030979</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CARDENAS, SERGIO 55 OCEAN LANE DR. #1028 KEY BISCAYNE FL 33148</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when re-appointing	
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2003			
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>SERGIO CARDENAS</b> <b>16300 NE 19th AVE. STE. 221</b> <b>N. MIAMI BEACH, FL. 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MARILIZA CARDENAS</b> <b>16300 NE 19th AVE. STE. 221</b> <b>N. MIAMI BEACH, FL. 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Sergio Cardenas</i>		DATE: <b>1/6/03</b>	
SIGNATURE (REQUIRED)		DATE: <b>305-919-9320</b>	

CR2003 (10/02)