

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90579 009 ****50.00

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DOCUMENT # L02000022652

1. Entity Name
SILENT ENTERTAINMENT, LLC



Principal Place of Business
**7815 NORTH DALE MABRY HIGHWAY, SUITE 208
TAMPA FL 33614**

Mailing Address
**7815 NORTH DALE MABRY HIGHWAY, SUITE 208
TAMPA FL 33614**

2. Principal Place of Business
1930 E 7TH AVENUE

3. Mailing Address
P.O. Box 5358

Suite, Apt. #, etc.
ABOR CITY

Suite, Apt. #, etc.

City & State
TAMPA FL 33605

City & State
TAMPA

Zip
33605

Country
H/BO

Zip
FL 33675

Country
H/BO

4. FEI Number
22-3869652

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GRAFTON, BRIAN
777 W. LUMSDEN ROAD
BRANDON FL 33511**

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

Signature, typed or printed name of registered agent and title 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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
CEO

NAME
J.S. LALWANI

STREET ADDRESS
P.O. Box 5358

CITY-ST-ZIP
TAMPA FL 33675-5358

☐ Delete

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

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

4/28/03

Date

813-476-0343

Daytime Phone #

CR2E083 (10/02)