

DOCUMENT # L02000023251

1. Entity Name

INNOVATIVE CAR ENTERTAINMENT, L.L.C.



FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

575 HIGHWAY 436  
CASSELBERRY FL 32707

Mailing Address

C/O BRIAN OURAND  
5335 WISCONSIN AVENUE, N.W., SUITE 850  
WASHINGTON DC 20015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KAMENESH, PETER Z  
3225 AVIATION AVENUE, SEVENTH FLOOR  
MIAMI FL 33133

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME CUSTOM CARS, INC. ☐ Delete  
STREET ADDRESS 3225 AVIATION AVENUE, 7TH FLOOR  
CITY-ST-ZIP MIAMI FL 33133TITLE ☐ Change ☐ Addition  
NAME S03024913723  
STREET ADDRESS 01/17/03 90216 026 \$150.00  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Addition  
NAME  
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CITY-ST-ZIP S03024913723  
10/10/03--01087--001 \*\*50.00TITLE ☐ Delete  
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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 REQUIRED

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

Date

Daytime Phone #

9/24/03