

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

DOCUMENT # L02000028637

1. Entity Name

DIRECT MARKETING ENTERTAINMENT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 17 AM 9:46

3/20

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

621 NORTHWEST 53RD STREET

3. Mailing Address

621 NORTHWEST 53RD STREET

Suite, Apt. #, etc.

SUITE 135

Suite, Apt. #, etc.

SUITE 135

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

4. FEI Number

16-1636029

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

7. Name and Address of Current Registered Agent

Name BERNARD A. SINGER, ESQUIRE

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

3107 STIRLING ROAD, SUITE 105

City FORT LAUDERDALE

FL

Zip Code
33312

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
OPT-IN SERVICES, LLC
621 NORTHWEST 53RD STREET, SUITE 135
BOCA RATON FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800014243268
03/17/03--01075--014 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

MANAGING MEMBER

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

Date

Daytime Phone #

3/14/03