

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90585 044 \*\*\*\*50.00

0012706

**DOCUMENT # L02000028926**

1. Entity Name

**TOTALCOM ENTERTAINMENT, LLC**



Principal Place of Business

2250 S.W. 3RD AVENUE, 5TH FLOOR  
MIAMI FL 33129

Mailing Address

2250 S.W. 3RD AVENUE, 5TH FLOOR  
MIAMI FL 33129

2. Principal Place of Business

**150 ALHAMBRA CIRCLE**

Suite, Apt. #, etc.

**Suite 1150**

City & State

**CORAL GABLES, FL.**

Zip

**33134**

Country

**USA**

3. Mailing Address

**150 ALHAMBRA CIRCLE**

Suite, Apt. #, etc.

**Suite 1150**

City & State

**CORAL GABLES, FL.**

Zip

**33134**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

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

**HATTON, DAVID L**  
**2250 S.W. 3RD AVENUE, 5TH FLOOR**  
**MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

**DAVID L. HATTON**

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

**150 ALHAMBRA CIRCLE**

**Suite 1150**

City

**CORAL GABLES**

**FL**

Zip Code

**33134**

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

*David L. Hatton*

**DAVID L. HATTON**

**4/29/03**

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	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>GRAZIANO, RODOLFO</b>	
STREET ADDRESS	<b>2ND TRANSVERSAL BOLEITA SUR 8-10</b>	
CITY-ST-ZIP	<b>CARACAS, VENEZUELA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE:

*David L. Hatton*

**DAVID HATTON, AS AUTHORIZED REPRESENTATIVE**

**305-858-0220**

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

Date

Daytime Phone #

CR2E083 (10/02)