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

DOCUMENT # L02000030016

RED CUBE PRODUCTIONS, LLC



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90055 036 ****50.00

| Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Regulated Fee Regulate | | | | | | | | | |
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| Sulfe, Apt. #. etc | | | | ich blvd | STE. 808 | | | | 1121 4 2 111 1 42 1 |
| City & State City & State City & State City & State Country Zip Country S. Contribute of Status Dustried 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGI REGISTERED AGENTS, INC. 1200 BRICKELL AFE, STE 900 MIAMI FL 33131 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$5.00.00 Make Check Payable to Florida Department of State of Florida. It am familiar with, and acceptable of the collegations of rigistered agent, or both, in the State of Florida. It am familiar with, and acceptable of the collegations of rigistered agent agent and No it acceptable of the collegations of rigistered agent | 2. Principal F | Place of Business | 3. Mailing Address | 3. Mailing Address | | | | | |
| Country | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | | |
| S. Corrificate of Status Desired \$5.00 Additionals Fee Required \$5.00 Additionals \$5.00 Additionals \$5.00 Additionals \$5.00 Additionals \$5.00 Additionals \$5.00 Additionals \$6.00 Required \$5.00 Additionals \$ | City & Star | te | City & State | | | 4. FEI Num | 4. FEI Number Applied For Not Applicable | | |
| AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVE., STE: 900 MIAMI FL 33131 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 acceptable of the obligations of registered agent. SIGNATURE MGR MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE NOW!! FEE IS \$50.00 Make Check Pay | Zip Country | | Zip | Zip Country | | 5 Certificate of Status Desired Status Desired Status Desired | | | |
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| ### Address (P.O. Box Number is Not Acceptable) ### Address (P.O. Box Number is Not Acceptable) ### City | | | | | Name | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I arm namiliar with, and accept the collegations of registered agent. Signature Sign | 1200 BRICKELL AVE., STE. 900 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Control Contr | MIAI | WI FL 33131 | | | | | | | |
| the obligations of registered agent. SIGNATURE Signature, typeo or printed name of registered agent and title if applicable. NOTE: Registered Agent expecture required when reinitatory) DATE | | | | | City | | | FL Zip Co | ode |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due by May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR FISCHBASH, MAX STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD., STE. 808 CITY-ST-2P HALLANDALE FL 33009 TITLE MGR ORESSLER, PATRICIA STREET ADDRESS CITY-ST-2P TITLE MGR ORESSLER, PATRI | | | for the purpose of changing it | s registere | d office or regis | stered agent, or b | ooth, in the State of Florida. | l am familiar with | , and accept |
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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)(i), Fiorida 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 receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: