

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90055 035 ****50.00

DOCUMENT # L02000032478					
1. Entity Name O'LYRIC ENTERTAINMENT LLC					
Principal Place of Business PO BOX 552242 MIAMI, FL 33055			Mailing Address PO BOX 552242 MIAMI, FL 33055		
2. Principal Place of Business PO BOX 472473		3. Mailing Address PO BOX 472473			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☒ CHECK HERE IF MAKING CHANGES	
City & State MIAMI, FL 33247		City & State MIAMI, FL		4. FEI Number 13-4224015	
Zip 33247		Country United States		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, OLRICK 7142 NW 16TH AVENUE MIAMI, FL 33147			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
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: _____ (NOTE: Registered Agent signature required when registering)					
Make Check Payment to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, OLRICK JR. PO BOX 552242 MIAMI, FL 33055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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), 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: _____			8-11-03 305-836-7164		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		