2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 AUG 19 PM 12:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000034743

1. Entity Name
NUSSLI SPECIAL EVENTS (US) LLC

Principal Place of Business	Mailing Address
~~12201 SW 90 AVE.~~ ~~MIAMI, FL 33176~~	~~12201 SW 90 AVE.~~ ~~MIAMI, FL 33176~~
c/o HSBC Bank Building	c/o HSBC Bank Building
2. Principal Place of Business: 301 41st Street	3. Mailing Address: 301 41st Street
Suite, Apt. #, etc.: 3rd Floor	Suite, Apt. #, etc.: 3rd Floor
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33140 Country: U.S.	Zip: 33140 Country: U.S.

01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-0273801 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE INT'L REGISTERED AGETNS, INC.
200 S. BISCAYNE BLVD., 41ST FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

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 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

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	Managing Member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Nussli Special Events Ltd., Pfaffikon	NAME	
STREET ADDRESS	Seedamstrasse. 3, CH-8808	STREET ADDRESS	500040360475
CITY-ST-ZIP	Pfaffikon, Switzerland	CITY-ST-ZIP	08/20/04--01045--002 **50.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] L.Schiess 12/08/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #