2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2004 JUN 10 PM 12: 30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000035063

1. Entity Name
ART 03 PRODUCTION LLC

Principal Place of Business	Mailing Address
~~12201 SW 90 AVE.~~ ~~MIAMI, FL 33176~~ c/o HSBC Bank Building	~~12201 SW 90 AVE.~~ ~~MIAMI, FL 33176~~ 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 Beach, Florida	City & State: Miami Beach, Florida
Zip: 33140 Country: U.S.	Zip: 33140 Country: U.S

01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 36-4541256 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE INTERNATIONAL REGISTERED AGENTS, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Nussli Special Events (US) LLC 301 41st Street, 3rd Floor Miami Beach, FL 33140 ☐ 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	400037867874 06/11/04--01010--001 **50.00 ☐ 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: T. Schiess MMC 7.2.04 (305) 577-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #