


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

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000019894 1. Entity Name PARALLAX ENTERTAINMENT, LLC	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1443 CARDIFF AVENUE Suite, Apt #, etc.	3. Mailing Address 12922 NW 20TH ST Suite, Apt #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LOS ANGELES, CA	City & State PEMBROKE PINES, FL	4. FEI Number 20-0896156	Applied For <input type="checkbox"/> Not Applicable
Zip 90035	Country USA	Zip 33028	Country USA

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

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name MICHAEL J WEINER Street Address (P.O. Box Number is Not Acceptable) 12922 NW 20TH STREET City PEMBROKE PINES FL Zip Code 33028
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MICHAEL J WEINER 12922 NW 20TH ST, PEMBROKE PINES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> 1100000315079 04/19/05-80021-003 526.25 </div> <div> DO NOT WRITE IN THIS SPACE </div>

CR2E0636 (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *x Michael J. Weiner* **Date** *x 4/19/05* **Daytime Phone #** *x 954-442-6589*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE