L04000049250

Rx Date/Time 07/13/2006 14:43 JUL-13-2006(THU) 02:28 2123544526 SATZ 2123544526 P.002 PAGE 02/02

FILED

2006 JUL 13 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04000049250

1. Entity Name

SATZ INTERNATIONAL, LLC

200076562732
07/14/06--01002--010 **55.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE BK

2. Principal Place of Business	3. Mailing Address
525 Seventh Ave.	525 Seventh Ave.
Suite, Apt. #, etc. Suite 307	Suite, Apt. #, etc. Suite 307
City & State New York, New York	City & State New York, NY
Zip 10018 Country USA	Zip 10018 Country USA

4. FEI Number 20-1335833 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name NRAI Services, Inc.

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

2731 Executive Park Drive, Suite 4

City Weston FL Zip Code 33331

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 Timothy Fullum 7550 Bayside Lane Miami Beach, FL 33141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Arnold Simon c/u 7550 Bayside Lane ~~Miami Beach, FL 33141~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Leiber Holdings, LLC 99 River Road Cos Cob, CT 06807-2514
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CR2E083B (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)(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: _____ Timothy Fullum, Managing Member 7/13/06 212-354-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #