LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000071693

1. Entity Name

PARODI PRODUCTIONS LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7052 NW 169 ST	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: HIALEAH GARDENS, FL	City & State
Zip: 33015 Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-1711750 — Applied For / Not Applicable

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: RAFAEL PARODI

Street Address (P.O. Box Number is Not Acceptable): 7052 NW 169 AVE

City: HIALEAH GARDENS FL Zip Code: 33015

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] RAFEL PARODI 4/5/2006

Signature, typed or printed name of registered agent and title if applicable. DATE

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

U00000433666
04/24/06-80039-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P	TITLE	
NAME	PARODI, RAFEL A.	NAME	
STREET ADDRESS	7052 NW 169 AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS, - FL 33015	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	PARODI, ROSSANA	NAME	
STREET ADDRESS	7052 NW 169 AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS, - FL 33015	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E063E (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: [signature] RAFEL PARODI 4/5/2006 (305) 362 7814

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