2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000418

1. Entity Name

BANYAN LICENSING, L.C.

Principal Place of Business	Mailing Address
1040 BAYVIEW DRIVE SUITE 322 FT. LAUDERDALE FL 33304	1040 BAYVIEW DRIVE SUITE 322 FT. LAUDERDALE FL 33304

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0625153** | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
BLINDERMAN, RICHARD I 2200 MUSEUM TOWER 150 WEST FLAGLER ST. MIAMI FL 33130	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS   **10.** ADDITIONS/CHANGES

TITLE	MGRM		TITLE			
NAME	DAVIS, E. SCOTT	☐ Delete	NAME		☐ Change	☐ Addition
STREET ADDRESS	1040 BAYVIEW DRIVE, STE. 322		STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP			
TITLE	MGRM		TITLE			
NAME	DAVIS, KATHY W	☐ Delete	NAME		☐ Change	☐ Addition
STREET ADDRESS	1040 BAYVIEW DRIVE, STE. 322		STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP			
TITLE			TITLE			
NAME		☐ Delete	NAME		☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			TITLE			
NAME		☐ Delete	NAME		☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			TITLE			
NAME		☐ Delete	NAME		☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			TITLE			
NAME		☐ Delete	NAME		☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E083 (10/02)

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 REVISED   Scott Davis   2/7/03   (954) 525-4223

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