FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



ļ	4NNUAL R 199			Secre DIVISION OF	tary of	State	FILE	D		
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Cy \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							FEB 28 A	HII: 46		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9500000)587 🐰	UNCTARY U	FLORIDA		
STRAIGHT-UP PRODUCTIONS, L.C. 1521 ALTON ROAD SUITE 155 MIAMI FL 33139							1521 ALTO SUITE 159 MIAMI FL	ce of Business / ON ROAD	Address	
If above mailing address is incorrect in any way, line through I Principal Place of Business 2				2a. Mailing Address			3. Date Organize		3a. State of Formation	
Suite, Apt	. #, elc.	Suite, Ap	Suite, Apt. #, etc.							
City & Sta	te	City & Sta	City & State			65-0598659 Not Applicable				
Zip		Country	Zip	***************************************	Count	-	6. Date of Last F	,	6. Certificate of Status Desire	∌d ~~
	7 Name	and Address of Come	at Danistand	A 1	<u> </u>		D7/11/199			
7. Name and Address of Current Registered Agent						Name	B. Name and Add	ess of New He	gistered Agent	
PERETZ, ANDREW B ONE E. BROWARD BLVD. SUITH 620 ET LAUDERDALE FL 33301				Street Address (P			(P.O. Box Number is Not Acceptable)			
				City				FL	Zip Code	
its registe	red office or reg	sions of Sections 608.41 istered agent, or both, in accept the obligations.	6 and 608.508, the State of Flo	Florida Statute ida. Such chang	s, the alge was a	bove-named limited uthorized by affirms	d liability company s ative vote of a majorit	ubmits this state	ement for the purpose of changi is. I hereby accept the appointme	ing ent
SIGNATU	JRE	(Registered Agent Accepts	ng Appointment) (N	IOTE Registered Age	ent signatur	e required when remetating	[g)	DATE		_
10. Title Managing Members/Managers				Business Street Address			<u> </u>	City	, State and Zip Code	
MGR MGR				45 OCEAN DRIVE, SUI 240 11 STREET #7					EACH FL	
MGR	GR BINKIEWICZ, DAN			17 SURFSIDE BLVD.			SURFSIDE FL			
MGR SMITH, KELLY P				9199 SW 129 LANE			_	IIAMI F		
					2800 NATOMA ST. 500002103285					
indicated diat	on this annual r	eport is true and accura or the receiver or trustee	e and that my s	ignature shall h	ave the	same legal effect a	s if made under oath	; that I am a ma	I further certify that the informati naging member or manager of t ame appears in Block 10, or on	the

SIGNATURE: