

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000587

1. Entity Name
Straight-Up Productions, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -7 PM 1:02



Principal Place of Business Mailing Address
4665 Ponce de Leon Blvd. Same
Coral Gables, FL 33146

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

4. FEI Number Applied For
65-0598659 Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Peretz, Andrew B.
One E. Broward Blvd.
Suite 620
Ft. Lauderdale, FL 33301

7. Name and Address of New Registered Agent
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.

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 Department of State

| 9. MANAGING MEMBERS/MEMBERS | | |
|-----------------------------|------------------------|---------------------------------|
| TITLE | Manager | <input type="checkbox"/> Delete |
| NAME | DeGuzman, Benjamin | |
| STREET ADDRESS | 345 Ocean Dr. #722 | |
| CITY-ST-ZIP | Miami Beach, FL 33139 | |
| TITLE | Manager | <input type="checkbox"/> Delete |
| NAME | Striegel, Shawn | |
| STREET ADDRESS | 4015 Meridian Ave. #2 | |
| CITY-ST-ZIP | Miami Beach, FL 33140 | |
| TITLE | Manager | <input type="checkbox"/> Delete |
| NAME | Binkiewicz, Dan | |
| STREET ADDRESS | 917 Surfside | |
| CITY-ST-ZIP | Surfside, FL 33154 | |
| TITLE | Manager | <input type="checkbox"/> Delete |
| NAME | Smith, Kelly R. | |
| STREET ADDRESS | 210 Edgewater Dr. | |
| CITY-ST-ZIP | Coral Gables, FL 33133 | |
| TITLE | Manager | <input type="checkbox"/> Delete |
| NAME | Johnson, Vance R. | |
| STREET ADDRESS | 11777 SW 81 Rd. | |
| CITY-ST-ZIP | Pinecrest, FL 33156 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 10. ADDITIONS/CHANGES | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Kelly P. Smith* Kelly P. Smith 11/3/00 305-663-9044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # EXT. 3

CR2E083 (11/99)