APPROVED.

2001 UNIFORM BUSINESS REPORT (UBR)

	- 0141		INESS REPU	101	n				AND		
DOCUMENT # L9500000587						FILED .					
STRAIGHT-UP PRODUCTIONS, L.C.						01 APR 26 PM 1: 27					
Principal Place of Business Mailing Address						SECRETARY OF STATE FALLAHASSEE FLORIDA					
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1	e de Leon Bl' Bles fl 33146	vo.	4665 PONCE DE LEON E CORAL GABLES FL 3314				i i drijeki dile i pisi	#	iil 60 mi 80 mi	 	2 1107 18111 1887 1887
2. Principal	Place of Busin	ess ,	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO	NOT WRIT	E IN THIS	SPACE	
City & State			City & State			4. FEIN		0598659		F	Applied For Not Applicable
Zip	·	Country	Zip	Country		5. Certif	icate of Status		×	\$5.00 Fee Req	Additional
6. Name and Address of Current Registered Agent						7. Name	and Address	of New Re	gistered	Agent	
	e			Name						·	
PERETZ, ANDREW B				Street	Address (F	P.O. Box N	umber is Not A	cceptable)	1		
ONE E. BROWARD BLVD. Suite 620											
	ERDALE FL	33301		City	,			<u></u>	FL	Zip (Code
8. The above	e named entity	submits this statement fo	or the purpose of changing its	registered office	or registere	ed agent, c	or both, in the S	tate of Flor	ida.		
SIGNATURE	Signature, typed o	Of printed name of registered agent	and title if anolicable (NOTE	Registered Agent sign	atura required	when reinstatir	10)		DATE		
SIGNATURE	Signature, typed o	or printed name of registered agent		: Registered Agent sign		when reinstatir	g)		DATE		
SIGNATURE	Signature, typed o	or printed name of registered agent		W!!! FEE IS	\$50.00		ng)		DATE		
SIGNATURE	Signature, typed o	or printed name of registered agent	FILE NO Make Check Pa	W!!! FEE IS	\$50.00			DITIONS/0		•	
9.	Signature, typed o		FILE NO Make Check Pa	OW!!! FEE IS yable to Depa	\$50.00			DITIONS/0		S Chan	ge Addition
9.	MGR DEGUZMA 345 OCEA	MANAGING MEMB N, BENJAMIN N DRIVE, SUITE 722	FILE NO Make Check Par ERS/MEMBERS	OW!!! FEE IS yable to Depa	\$50.00 rtment of			DITIONS/0			ge Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR DEGUZMA 345 OCEA MIAMI BEA	MANAGING MEMB	FILE NO Make Check Par ERS/MEMBERS	DW!!! FEE IS yable to Depa 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$50.00 rtment of			DITIONS/0			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEGUZMA 345 OCEA MIAMI BEA MGR STRIEGEL,	MANAGING MEMB N, BENJAMIN N DRIVE, SUITE 722 ACH FL 33139	FILE NO Make Check Pay ERS/MEMBERS	DW!!! FEE IS yable to Depa 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$50.00 rtment of		AD	`	CHANGES	Chang	ge 🔲 Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR DEGUZMA 345 OCEA MIAMI BEA MGR STRIEGEL, 4015 MER	MANAGING MEMB N, BENJAMIN N DRIVE, SUITE 722 ACH FL 33139 SHAWN IDIAN AVE., #2	FILE NO Make Check Pay ERS/MEMBERS	DW!!! FEE IS yable to Depa 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$50.00 rtment of		AD	9 94	CHANGES	Chang	ge Addition S
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR DEGUZMA 345 OCEA MIAMI BEA MGR STRIEGEL, 4015 MERI MIAMI BEA MGR BINKIEWIC 917 SURFSIDE MGR	MANAGING MEMB N, BENJAMIN N DRIVE, SUITE 722 ACH FL 33139 , SHAWN IDIAN AVE., #2 ACH FL 33140 EZ, DAN SIDE FL 33154	FILE NO Make Check Pay ERS/MEMBERS Delete	DW!!! FEE IS yable to Depa 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$50.00 rtment of	State	600	004 -05/09 *****	1.91 1.01 55.00	Chang	ge Addition G5 005 Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR DEGUZMA 345 OCEA MIAMI BEA MGR STRIEGEL, 4015 MER MIAMI BEA MGR BINKIEWIO 917 SURFSIDE MGR SMITH, KE	MANAGING MEMB N, BENJAMIN N DRIVE, SUITE 722 ACH FL 33139 , SHAWN IDIAN AVE., #2 ACH FL 33140 EZ, DAN SIDE FL 33154	FILE NO Make Check Pay ERS/MEMBERS Delete Delete	DW!!! FEE IS yable to Depa 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$50.00 rtment of	State	600	004 -05/09 *****	1.91 1.01 55.00	Chang	ge Addition G5 005 Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEGUZMA 345 OCEA MIAMI BEA MGR STRIEGEL, 4015 MER MIAMI BEA MGR BINKIEWIO 917 SURFSIDE MGR SMITH, KE 210-EDGE	MANAGING MEMB N, BENJAMIN N DRIVE, SUITE 722 ACH FL 33139 , SHAWN IDIAN AVE., #2 ACH FL 33140 CZ, DAN SIDE FL 33154	FILE NO Make Check Pay ERS/MEMBERS Delete Delete Delete	DW!!! FEE IS yable to Depa 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$50.00 rtment of	State	AD	004 -05/09 *****	1.91 1.01 55.00	Chang	ge Addition 15 7005 2 Addition 16 Addition
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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: NIED OR PRINTED

305-663-9044