2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90697 014 ****50.00

DOCUMENT # L95000000587

1. Entity Name
STRAIGHT-UP PRODUCTIONS, L.C.

Principal Place of Business	Mailing Address
4665 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	4665 PONCE DE LEON BLVD. CORAL GABLES, FL 33146

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
95 Merrick Way	95 Merrick Way
Suite, Apt. #, etc.: 380	Suite, Apt. #, etc.: 380
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country:	Zip: 33134 Country:

4. FEI Number: 65-0598659 ☐ 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
PERETZ, ANDREW B ONE E. BROWARD BLVD. SUITE 620 FT LAUDERDALE, FL 33301	Name: William M. Tuttle II Street Address (P.O. Box Number is Not Acceptable): 169 E. Flagler St. #1620 City: Miami FL Zip Code: 33131

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: WTuttle DATE: 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEGUZMAN, BENJAMIN 345 OCEAN DRIVE, SUITE 722 MIAMI BEACH, FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10408 Brookwood Bluff Road South Jacksonville, FL 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STRIEGEL, SHAWN 4015 MERIDIAN AVE., #2 MIAMI BEACH, FL 33140 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BINKIEWICZ, DAN 917 SURFSIDE SURFSIDE, FL 33154 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1001 91st Street #203 Bay Harbor Islands, FL 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMITH, KELLY P 3664 LOQUAT AVE. MIAMI, FL 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3090 Day Avenue Miami, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JOHNSON, VANCE R 11777 S.W. 81ST ROAD PINECREST, FL 33156 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3176 SW 27 Avenue #1 Miami, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Kelly P Smith Kelly P. Smith, MANAGER 4/29/03 305-446-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #