## 2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNI	FUNM BU3	INESS REPU	n i	(ABU)					
DOCUMENT # L9800001200						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
ANOTHER ANGLE PRODUCTIONS, L.L.C.						,	DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address							00 SEP -5 AM 10: 02			
7060 S.W. 48TH LANE 7060 S.W. 48TH LANE						1	~	0		
MIAMI FL 331	55		MIAMI FL 33155							
2. Principal P	lace of Busir	ness	3. Mailing Address			( 1991) ON ASS COLOR CAND SENT DENIC ESTAT OFFIN SELECTION ( 1915 SELECTION )				
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State	θ		City & State			4. FEI N	APPLIED FOR		oplied For ot Applicable	}
Zip	Country		Zip	Country		5. Certif	ficate of Status Desired	\$5.00 Add		1
	6. Name	and Address of Current	t Registered Agent		Į.,	7. Name	and Address of New Registered	Agent		1
ADLER, JO	، ⊱ روستيد لمكانيايدينجا ∼" -	سهي يستد محديد يده	Name							
•	. 48TH LAI	NE		٠	Street Address	(P.O. Box N	umber is Not Acceptable)			
MIAMI FL 33155										
		_		City			FL	Zip Code	e 	
8. The above	named entit	y submits this statement for	or the purpose of changing its	register	ed office or registe	ered agent, o	or both, in the State of Florida.			
SIGNATURE _	<u></u>			<b>.</b>			ng) CATE			
	Signature, typed	or printed name of registered agent	•	1	ed Agent signature require		ng) UAIE			1
			FILE NO Make Check Pa		FEE IS \$50.00 Department					İ
			<u> </u>		·		ADDITIONS (OLIANOS			-
9.	MGR	MANAGING MEMB	ERS/MANAGERS  Delete	<b>10.</b> TITL			ADDITIONS/CHANGES	Change	☐ Addition	18
NAME '	ADLER, J			NAN	1					6
STREET ADDRESS CITY-ST-ZIP	7060 S.W   Miami Fl	7. 48TH LANE 33155			EET ADDRESS Y-ST-ZIP			,		1 5
TITLE		- <del></del>	☐ Delete	ΠΤΙ	· I			☐ Change	☐ Addition	7
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CITY-ST-ZIP				ĊIT	r-ST-ZIP					1
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TITLE NAME			Defete	NAN	į.			E Change	C VORINGE	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP		•			
11. I bereby o	certify that th	e information supplied wit	h this filing does not qualify for	the exe	emption stated in S	ection 119.0	07(3)(i), Florida Statutes. I further cel	rtify that the ir	nformation	1
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
CICNAT	1105.	SIGNW	UNERSOU	RE	STOHOLL	Anis	2 7/11/10 /20	17615	-1471	
SIGNAT	UKE: _	SIGNATURE AND TYPED OR PR	ENTED NAME OF SIGNING MANAGING	REMBER	OR MANAGER	yare	Office	Saytime Phone #	-X	