

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

100 APR 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001948

1. Entity Name

GOLFBALLS, THE MOVIE, L.L.C.

Principal Place of Business

20205 N.E. 15TH COURT
MIAMI FL 33179

Mailing Address

20205 N.E. 15TH COURT
MIAMI FL 33179-2710

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

52-2117934

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

SOUTH FLORIDA REGISTERED AGENTS, INC.
200 EAST LAS OLAS BLVD., SUITE 1900
FORT LAUDERDALE FL 33301

Name

FRED S. HARRIS

Street Address (P.O. Box Number is Not Acceptable)

205 DUNWOODY LANE

City

Hollywood

FL

Zip 33021

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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
PAC FILMS, INC.
STREET ADDRESS 20205 N.E. 15TH COURT
CITY- ST- ZIP MIAMI FL 33179

TITLE NAME ☐ Change ☐ Addition
100003242881--4
-05/08/00--01109--005
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)