

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90010 018 ****50.00

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**

2. Principal Place of Business

1530 Tyler Street
 Suite, Apt. #, etc.

3. Mailing Address

1530 Tyler Street
 Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip
33020

Country
US

City & State

Hollywood, FL

Zip
33020

Country
US

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

**HARRIS, FRED S
 205 DUNWOODY LANE
 HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name **Michael Clarke**

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

1530 Tyler Street

City **Hollywood**

FL

Zip Code
33020

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Manager** ☒ Change ☐ Addition
 NAME **Michael Clarke**
 STREET ADDRESS **1530 Tyler Street**
 CITY-ST-ZIP **Hollywood, FL 33020**

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)