

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90584 015 *****50.00

DOCUMENT # L98000001948

1. Entity Name

GOLFBALLS, THE MOVIE, L.L.C.



Principal Place of Business

1530 TYLER STREET
HOLLYWOOD FL 33020

Mailing Address

1530 TYLER STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

1617 NE 8th Street

3. Mailing Address

1617 NE 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33304

Country

US

Zip

33304

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

CLARKE, MICHAEL
1530 TYLER STREET
HOLLYWOOD FL 33020

1617

7. Name and Address of New Registered Agent

Name

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

1617 NE 8th Street

City

Fort Lauderdale

FL

Zip Code

33304

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CLARKE, MICHAEL
STREET ADDRESS 1530 TYLER STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

1617 NE 8th Street
Fort Lauderdale, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Michael Clarke 4/27/03 954 523-8669

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

Date

Daytime Phone #

CR2E083 (10/02)