

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000001958**1. Entity Name  
720 HOLDINGS, L.C.

| Principal Place of Business                   | Mailing Address                               |
|---|---|
| 4500 BISCAYNE BLVD.<br>#360<br>MIAMI FL 33137 | 4500 BISCAYNE BLVD.<br>#360<br>MIAMI FL 33137 |

| 2. Principal Place of Business | 3. Mailing Address  |
|--------------------------------|---------------------|
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |

DO NOT WRITE IN THIS SPACE

| Zip | Country | Zip | Country |
|-----|---------|-----|---------|
|     |         |     |         |

| 4. FEI Number | Applied For                             |
|---------------|---|
| 65-0866584    | <input type="checkbox"/> 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                                    |
|---|--|
| BALZLI MARK DESQ.<br>407 LINCOLN ROAD<br>4-E<br>MIAMI BEACH FL 33139 US | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 MARK BALZLI 04/24/2001  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LAIRD JUD<br>4500 BISCAYNE BLVD., #360<br>MIAMI FL 33137<br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SCHIEHLE TILDA<br>767 5TH AVE., 50TH FL.<br>NEW YORK NY 10153<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Jud Laird Mgr 04/24/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)