

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

01 MAY -1 PM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002929

1. Entity Name
SKYTHEATER ENTERTAINMENT SYSTEMS LLC

Principal Place of Business
401 69TH STREET, SUITE 14-B
MIAMI BEACH FL 33141

Mailing Address
401 69TH STREET, SUITE 14-B
MIAMI BEACH FL 33141

2. Principal Place of Business
1575 N.W. 179 Ave.

3. Mailing Address
1575 N.W. 179 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

4. FEI Number 65-0904566

Applied For
Not Applicable

Zip Country
33029 Broward

Zip Country
33029 Broward

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

MIAMI CENTER REGISTERED AGENTS
201 SOUTH BISCAYNE BOULEVARD, 17TH FLOOR
MIAMI FL 33131

Name

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

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

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

100004275071--0
-05/21/01--01193--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM SKYTHEATER, INC.
STREET ADDRESS 401 69TH STREET, SUITE 14-B
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE NAME ☒ Change ☐ Addition
1575 N.W. 179 Ave.
STREET ADDRESS Pembroke Pines FL 33029
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGRM SOUND PERFORMANCE, INC.
STREET ADDRESS 4030 AURORA STREET
CITY-ST-ZIP CORAL GABLES FL 33146

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

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

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

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

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:

Manuel Lopez

4/27/01 (954) 392-0716

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

Date

Daytime Phone #

0009369

AF

CR2E083 (11/00)