2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

L99000000206 DOCUMENT # 1. Entity Name OD HAY 31 PM 2: 30 MULTI MEDIA ENTERTAINMENT GAMES MANAGEMENT, ÉLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 241 BRADLEY PLACE 241 BRADLEY PLACE PALM BEACH FL 33480-3738 PALM BEACH FL 33480 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable \$5.00 Additional Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAUNCEY, HARRISON K JR. Street Address (P.O. Box Number is Not Acceptable) 241 BRADLEY PLACE PALM BEACH FL 33480 Zip Code FL 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, 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 Pavable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. ☐ Addition MGR Change ☐ Delete TITLE TITLE GALLAGHER, PATRICIA NAME MAME 241 BRADLEY PLACE STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY- ST- ZIP CITY-ST-ZIF Addition | ☐ Delete Change TITLE MARKE 800003291668 STREET ADDRESS -06/15/00--01085--017 STREET ADDRESS CITY-ST-71P ****50.00 <u>****50.00</u> Cha ☐ Delete TITLE NAMÉ MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Addition ☐ Defete TITLE TITLE NAME MAME STREET ADDRESS **\$TP** CITY-ST-ZIP CITY ☐ Change Addition 🗌 TITI ☐ Detete TITLE MAN NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY- 2T- 719 ☐ Change (iii) Addition TITLE ☐ Deteta TITLE RAME NAME STREET ADDRESS STREET ADDRESS CITY- 27-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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNING MANAGING MEMBER OR MANAGER

APPROVED

Daytime Phone #