

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000569

1. Entity Name

ROYAL PALM PRODUCTIONS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:42

Principal Place of Business

51 ROYAL PALM DRIVE
FORT LAUDERDALE FL 33301

Mailing Address

51 ROYAL PALM DRIVE
FORT LAUDERDALE FL 33301-1408



2. Principal Place of Business

700 SOLAR ISLE DR.
Suite, Apt. #, etc.

3. Mailing Address

700 SOLAR ISLE DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

33301

USA

Zip

Country

33301

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, DIANE M
2455 EAST SUNRISE BOULEVARD, SUITE 905
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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

Eugene A. Musso

EUGENE A. MUSSO

2/17/00

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

TITLE MGRM ☐ Delete
NAME MUSSO, EUGENE A
STREET ADDRESS 700 SOLAR ISLE DRIVE
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE MGRM ☐ Delete
NAME WAALKES, OTTO
STREET ADDRESS 51 ROYAL PALM DRIVE
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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:

Eugene A. Musso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/17/00

CR2E083 (9/99)