2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

001544 AF

DOCUMENT # L99000000569

1. Entity Name
ROYAL PALM PRODUCTIONS, LLC

FILED
01 MAR -5 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
700 SOLAR ISLE DR. FT. LAUDERDALE FL 33301	700 SOLAR ISLE DR. FT. LAUDERDALE FL 33301

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

4. FEI Number APPLIED FOR ☐ Applied For ☐ 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
PERRY, DIANE M 2455 EAST SUNRISE BOULEVARD, SUITE 905 FT LAUDERDALE FL 33304	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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MUSSO, EUGENE A 700 SOLAR ISLE DRIVE FT LAUDERDALE FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500003829415--8 -03/09/01--01142--009 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WAALKES, OTTO 51 ROYAL PALM DRIVE FT LAUDERDALE FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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 2/21/01 954-494-0774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ED B 954-772-4224

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Form **SS-4** (Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)
KDY & PALM PRODUCTIONS, L.L.C.

2 Trade name of business (if different from name on line 1) | 3 Executor, trustee, "care of" name
EUGENE A. MUSSO

4a Mailing address (street address) (room, apt., or suite no.)
700 SOLAR ISLE DR. | 5a Business address (if different from address on line 4a or 4b)

4b City, state, and ZIP code
FT. LAUDERDALE FL 33301 | 5b City, state, and ZIP code

6 County and state where principal business is located
BROWARD FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
EUGENE A. MUSSO SSN 178-42-3769

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☒ Other corporation (specify) ▶ LIMITED LIABILITY CORP
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State: FLORIDA | Foreign country

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ▶ FILM PRODUCTION
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
MARCH 1 1999

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶
Nonagricultural: 0 | Agricultural: | Household:

14 Principal activity (see instructions) ▶ FILM PRODUCTION

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☒ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ EUGENE A. MUSSO Trade name ▶ CLOVERLEAF MANAGEMENT SERVICES

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN
NOVEMBER 19, 1991 | FT. LAUDERDALE, FLORIDA | FLS 034815C

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ EUGENE A. MUSSO, PRESIDENT

Telephone number (include area code): 954-494-0794
Fax number (include area code): 954-523-1520

Signature ▶ Eugene A Musso Date ▶ MARCH 15, 1999

Note: Do not write below this line. For official use only.

Please leave blank ▶ | Geo. | Ind. | Class | Size | Reason for applying

For Paperwork Reduction Act Notice, see page 4. | Cat. No. 16055N | Form SS-4 (Rev. 2-98)