2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

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DOCUMENT # L99000000569

FILED

01 MAR -5 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name
ROYAL PALM PRODUCTIONS, LLC

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

Mailing Address
700 SOLAR ISLE DR.
FT. LAUDERDALE FL 33301

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS / CHANGES

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

500003829415--8
-03/09/01--01142--009
*****50.00 *****50.00

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

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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 #

CR2E083 (11/00)

ED B. 954-772-4224

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Form **SS-4** (Rev. February 1999) 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 Legal name of applicant (legal name) (see instructions): KDYAL 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) ▶ ___ (enter GEN if applicable)
- ☐ Other (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

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 most of the products or services sold? Please check one box. ☒ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶

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 CORP

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): NOVEMBER 19, 1991 City and state where filed: FT. LAUDERDALE, FLORIDA Previous EIN: FLS 034815

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): 954-523-1530

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. 2-99)