

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 21 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000747

1. Entity Name

NORTHSIDE ENTERTAINMENT L.C.

Principal Place of Business

4347-10 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216

Mailing Address

4347-10 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216-4966

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

05-0888609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLEIMAN, PETER D

4347-10 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216

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
SLEIMAN, ANTHONY T
4347-10 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
700003241367--9
05/05/00 01091 007
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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:

SICAT Peter D. Sleiman

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/20/00

Date

(904) 731-8806

Daytime Phone #

CR2E083 (9/99)