

# 2000 UNIFORM BUSINESS REPORT (UBR)

003396 AF

DOCUMENT # **L99000000760**

1. Entity Name  
**C1TV.COM, L.L.C.**

FILED

00 JAN 27 PM 12: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**935 FOURTH STREET  
MIAMI BEACH FL 33139**

Mailing Address  
**935 FOURTH STREET  
MIAMI BEACH FL 33139-6825**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number  
**65-0900329(061012)**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SINE, DAVID  
935 FOURTH STREET  
MIAMI BEACH FL 33139**

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	SINE, DAVID	
STREET ADDRESS	935 FOURTH STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MANKOVICH, DARREN	
STREET ADDRESS	301 OCEAN DRIVE, #505	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FLOBERG, DAVID		
STREET ADDRESS	771 FAIRWAY DRIVE		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: DAVID W. FLOBERG **DAVID W. Floberg** *18 January 2000* **305.865.5506**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)