

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000000760

Entity Name: C1TV.COM, L.L.C.

FILED
Sep 04, 2002
Secretary of State

Current Principal Place of Business:

935 FOURTH STREET
MIAMI BEACH, FL 33139

New Principal Place of Business:

334 WASHINGTON AVENUE
6
MIAMI BEACH, FL 33139

Current Mailing Address:

935 FOURTH STREET
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0900329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: CEO () Delete
Name: SINE, DAVID
Address: 935 FOURTH STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: CEO (X) Delete
Name: MANKOVICH, DARREN
Address: 301 OCEAN DRIVE, #505
City-St-Zip: MIAMI BEACH, FL 33139

Title: CEO (X) Delete
Name: FLOBERG, DAVID
Address: 771 FAIRWAY DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SINE, DAVID
Address: 935 FOURTH STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 SINE

MGR

09/04/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date