2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
00 APR 10 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001553

1. Entity Name
M.P. VIDEOS, L.L.C.

Principal Place of Business	Mailing Address
9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156	9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156-2714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1022 BAY DRIVE	1022 BAY DRIVE
Suite, Apt. #, etc.: APT 32	Suite, Apt. #, etc.: APT 32
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33141 Country: USA	Zip: 33141 Country: USA

4. FEI Number 65-0903540 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ
CUEVAS & RUBIN, P.A.
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: MARIO PENACINO
Street Address (P.O. Box Number is Not Acceptable): 1022 BAY DRIVE, #32
City: MIAMI BEACH FL Zip Code: 33141

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: MARIO PENACINO / DP — 04/04/00
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 PENACINO, MARIO GUSTAVO 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156	☐ Delete	PD PENACINO, MARIO GUSTAVO 1022 BAY DRIVE, #32 MIAMI BEACH, FL 33141	☒ Change ☐ Addition
		☐ Delete	500003224575--5 -04/26/00--01043--025 *****50.00 *****50.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	dcc	☐ Change ☐ Addition

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: SIGNATURE REQUIRED — 04/04/00 — (305) 867-0974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #