

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000001865

1. Entity Name
BHL Group Limited, L.L.C.

APPROVED
AND
FILED

00 MAY 22 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1053 Van Arsdale Street
Oviedo, FL 32765

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 59-3567738 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

Gary Lashinsky
1053 Van Arsdale Street
Oviedo, FL 32765

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 NAME Hennessey, John Patrick ☐ Delete MGRM
STREET ADDRESS 6 Inverness Parkway
CITY-ST-ZIP Houston, TX 77055

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME White Stallion Productions, Inc. ☐ Change ☐ Addition
STREET ADDRESS 1053 Van Arsdale Street
CITY-ST-ZIP Oviedo, FL 32765 MGRM

TITLE NAME JBM (Events) LTD. ☐ Change ☐ Addition
STREET ADDRESS 3 Rosebery Mews, Rosebery Road
CITY-ST-ZIP London, England OC MGRM

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900003289569-1
CITY-ST-ZIP -06/14/00--01101--007
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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: Gary Lashinsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5-18-00 407.366.0366
Date Daytime Phone #

C-3 E03 (11/99)