

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002070

1. Entity Name
NEXT WAVE PRODUCTIONS, L.L.C.

Principal Place of Business
224 DATURA STREET, SUITE 1018
WEST PALM BEACH FL 33401

Mailing Address
224 DATURA STREET, SUITE 1018
WEST PALM BEACH FL 33401

2. Principal Place of Business
224 DATURA STREET
Suite, Apt. #, etc.
SUITE 900

3. Mailing Address
224 DATURA STREET
Suite, Apt. #, etc.
SUITE 900

City & State
WEST PALM BEACH, FL
Zip
33401
Country
USA

City & State
WEST PALM BEACH, FL
Zip
33401
Country
USA

4. FEI Number 65-0910212
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER-OUTLAW, SALLY
224 DATURA STREET, SUITE 1018
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
MILLER-OUTLAW, SALLY
Street Address (P.O. Box Number is Not Acceptable)
224 DATURA STREET
SUITE 900
City
WEST PALM BEACH FL Zip Code
33401

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
Sally Miller-Outlaw
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
STREET ADDRESS
CITY-ST-ZIP
MGRM
MILLER-OUTLAW, SALLY
224 DATURA STREET, SUITE 1018
WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RACHMELL, ANDREW
3230 HYDE CIRCLE
BOCA RATON FL 33434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARTER, ALAN
1503 RIVER FARM DRIVE
ALEXANDRIA VA 22308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600003568246--1
-01/23/01--01089--034

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Sally Miller-Outlaw*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/10/01 561-8339922
Date Daytime Phone #

FILED
-01 JAN 17 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)