

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

000123 AF

DOCUMENT # L99000002586

1. Entity Name  
TRIPLE ONE STUDIOS, LLC

00 MAY 30 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5578 METROWEST BOULEVARD, SUITE 111  
ORLANDO FL 32811

Mailing Address  
5578 METROWEST BOULEVARD, SUITE 111  
ORLANDO FL 32811-2467



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
5536 METROWEST BLVD  
Suite, Apt. #, etc.  
# 311  
City & State  
ORLANDO, FLORIDA  
Zip Country  
32811 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
94-3329946  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GARDEE, MILEY  
7933 FERLEAF ROAD  
ORLANDO FL 32862

## 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	VEREB, ANTONY	5578 METROWEST BOULEVARD, SUITE 111	ORLANDO FL 32811	<input type="checkbox"/>
MGRM	VEREB, FRANCESCA	5578 METROWEST BOULEVARD, SUITE 111	ORLANDO FL 32811	<input type="checkbox"/>
MGRM	GARDEE, MILEY	7933 FERNLEAF ROAD	ORLANDO FL 32862	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: ANTHONY VEREB  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

407 503 7171

166/61 680326 CR2E083 19/99