

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002586**

1. Entity Name

TRIPLE ONE STUDIOS, LLC

Principal Place of Business

Mailing Address

**5578 METROWEST BOULEVARD, SUITE 111
ORLANDO FL 32811**

**5536 METROWEST BLVD., SUITE 311
ORLANDO FL 32811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARDEE, MILEY
7933 FERLEAF ROAD
ORLANDO FL 32862**

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

**3000004376408--5
-06/07/01--01124--003
*****50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
VEREB, ANTONY
5578 METROWEST BOULEVARD, SUITE 111
ORLANDO FL 32811** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**239 Long Iron Loop
Celebration Florida
34747** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
VEREB, FRANCESCA
5578 METROWEST BOULEVARD, SUITE 111
ORLANDO FL 32811** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**239 Long Iron Loop
Celebration Florida
34747** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GARDEE, MILEY
7933 FERNLEAF ROAD
ORLANDO FL 32862** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

30 APRIL 01 407 572 9479

**FILED
2001 JUN -7 AM 10:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



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