

2000 UNIFORM BUSINESS REPORT (UBR)

000401 AF

DOCUMENT # L99000002963

1. Entity Name
FAYE ENTERTAINMENT GROUP, L.L.C.

Principal Place of Business Mailing Address
 18631 NW 11 PL 18631 NW 11 PL
 MIAMI FL 33169-3733 MIAMI FL 33169-3733

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR -1 PM 1:03



DO NOT WRITE IN THIS SPACE

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
65-0914505 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JUMPING JAX TAX, INC.
8551 WEST SUNRISE BLVD.
PLANTATION FL 33322-4007

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 _____ (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 | MGRM | <input type="checkbox"/> Delete |
| NAME | TYNDALE, PETE | |
| STREET ADDRESS | 18631 NW 11 PL | |
| CITY-ST-ZIP | MIAMI FL 33169-3733 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | JACKSON, ZARRICK | |
| STREET ADDRESS | 18631 NW 11 PL | |
| CITY-ST-ZIP | MIAMI FL 33169-3733 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

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

Handwritten: 3/14/00

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CR2E083 (9/99)

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: *Zarrick Jackson* **ZARRICK JACKSON** **2/23/00** **(305) 992-4771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #