

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L99000004124

1. Entity Name
NETVENTURE PRODUCTIONS, LLC

Principal Place of Business
540 BRICKELL KEY DRIVE, PENTHOUSE 1800
MIAMI FL 33131

Mailing Address
540 BRICKELL KEY DRIVE, PENTHOUSE 1800
MIAMI FL 33131-2646

2. Principal Place of Business
90 ALTUM RD
Suite, Apt. #, etc.
#1911
City & State
MIAMI BEACH FL.
Zip
33139
Country

3. Mailing Address
90 ALTUM RD
Suite, Apt. #, etc.
1911
City & State
MIAMI BEACH FL
Zip
33139
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0934217
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PARKER, THOMAS M ESQ.
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUCOTE, CHAPMAN 540 BRICKELL KEY DRIVE, PENTHOUSE 1800 MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SONIAT, ASHTON 3300 SAGE, #9202 HOUSTON TX 77056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	100003238561--8 -05/03/00--01148--002 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 OR MANAGER

3/11/00 (305) 672 8405
Date Daytime Phone #

CR2E083 (9/99)