2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004135

1. Entity Name
NOUVELLE PROMOTIONS, L.L.C.

Principal Place of Business	Mailing Address
19 WEST FLAGLER ST., SUITE 600 MIAMI, FL 33130	19 WEST FLAGLER ST., SUITE 600 MIAMI, FL 33130

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1 SE 3rd Avenue	1 SE 3rd AVENUE
Suite, Apt. #, etc.: 1440	Suite, Apt. #, etc.: 1440
City & State: MIAMI	City & State: MIAMI
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 65-0932125 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TURNER, DAVID M CPA 19 WEST FLAGLER STREET, SUITE 600 MIAMI, FL 33130	Name: CIPOLLETTI, CRISTINA Street Address (P.O. Box Number is Not Acceptable): 1 SE 3rd Avenue Stc. 1440 City: MIAMI FL Zip Code: 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: (CRISTINA CIPOLLETTI) DATE: 4/29/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CIPOLLETTI, CRISTINA 3242 MARY STREET STE 317 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500017895725 05/02/03--01054--013 **50.00	☐ Change ☐ Addition
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CR2E083 (10/02)

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: (CRISTINA CIPOLLETTI) 4/29/03 786-301-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #