

2000 UNIFORM BUSINESS REPORT (UBR)

0006317 AF

DOCUMENT # L99000004924

1. Entity Name
CIRCUIT NOIZE MAGAZINE LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 11 AM 11:05

Principal Place of Business

1337 SW 18TH AVENUE
FT LAUDERDALE FL 33312

Mailing Address

1337 SW 18TH AVENUE
FT LAUDERDALE FL 33312-4164



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

65-0528148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 MGRM
BROSKY, STEPHEN
STREET ADDRESS 1337 SW 18TH AVENUE
CITY- ST- ZIP FT LAUDERDALE FL 33312 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *mf 2/22/00*
CITY- ST- ZIP

TITLE NAME MGRM
CEPLENSKI, STEVEN
STREET ADDRESS 11201 ACAMA STREET
CITY- ST- ZIP STUDIO CITY CA 91602 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003148882--6
CITY- ST- ZIP -02/28/00--01020--002
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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

1/4/2000

Date

9546100270

Daytime Phone #

CR2E083 (9/99)