

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90084 011 \*\*\*\*50.00

**DOCUMENT # L99000004991**

1. Entity Name

**GODDESS ENTERTAINMENT GROUP LLC**

Principal Place of Business

**681 WASHINGTON AVE.  
MIAMI FL 33139**

Mailing Address

**920 N.E. 69TH ST. 19N  
MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

**720 NE 69th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**19N**

City & State

City & State

**MIAMI FL**

Zip

Country

Zip

Country

**33138**

**USA**

4. FEI Number

**65-0943074**

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

**HOGLE, TIMOTHY M  
720 N.E. 69TH ST., 19N  
MIAMI FL 33139**

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

**4/4/01**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HOGLE, TIMOTHY M  
720 N.E. 69TH ST., 19N  
MIAMI FL 33138** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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 #

**TIMOTHY M HOGLE MGRM 4/4/02 305 751 8252**

CR2E083 (9/01)