2001 UNIFORM BUSINESS REPORT. (UBR)

DOCUMENT # L9900006264 1. Entity Name PEN & PIXEL DESIGN STUDIO, LLC							FILED OIFEB-5 PM 2: 13				
Principal Place of Business Mailing Address							011ER-2 LU 7:12				
701 BRICKELL AVENUE. STE 3000 701 BRICKELL AVENUE. STE MIAMI FL 33131 MIAMI FL 33131					10	SECRETARY OF STATE 'TALLAHASSEE, FLORIDA				Ä Ä	
Principal Place of Business Amailing Address								i gotti setil og		84514 8787 1881	
Suite, Apt.	5 Diplomat Pk., #, etc.	7	P.O. Boy 2007 Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e		City & State				4. FEI Number CE 00E2704 Applied For				
Hollywood, FL			Hallandole, FL				65-0953784			t Applicable	
Zip Country . 33019 USA			Zip Coun 33008 - 2007		ntry ブラム	5. Ce	rtificate of Status Desired		5.00 Add ee Require		
	19 USA 6. Name and Address				1	7. Na	me and Address of New Re			-	
Name										-	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, STE 3000						ddress (P.O. Box	Kenneth D. Kossow (P.O. Box Number is Not Acceptable) 1325 Diplomat Plany				
MIAMI FL		,00									
1111/4 11 2 3 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1					City	Holly	ಎಂಂಕಿ	FL	Zip Code	9	
8. The above	named entity submits this	statement for th	ne purpose of changing its	register	ed office or		t, or both, in the State of Flori	da.			
SIGNATURE _	Signature, typed or printed name of	registered agent and	title if applicable. (NOT	E: Registere	ed Agent signatu	ne required when reins	tating)	1/29/ DATE) 0)		
			FILE N Make Check Pa		FEE IS \$ to Departi			,		•	
	MANA	GING MEMBER	S/MEMBERS	10.		,	ADDITIONS/C	HANGES			
9. TITLE	MGRM	AING MEMBEN	Delete	TITL	1	Merm	ADDITIONOTO		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KOSSOW, KENNETH D 17890 NE 31ST COURT #3302					Kassow, 1325 D	1350W, Kennethi D 125 Diplomat Pkwy Ollywood, FL 33019				
TITLE NAME STREET ADDRESS	MGRM UNVERSAW, SHERRY 6001 PALM TRACE L		□ Delete /E #302		AE EET A <u>d</u> dress	1325 D	s, Sherry Piplomat Phwy	(Change	☐ Addition	
CITY-ST-ZIP	DAVIE FL 33314			TITL	r-ST-ZIP	Hollywo	and, FL 83019		Change	Addition	
NAME STREET ADDRESS			☐ Delete	NAM			-4000003	672°	- 824	0	
CITY-ST-ZIP			·	CITY	/-ST-ZIP		-02/09	/010 50.00	1035	-903 (50-00-	
TITLE NAME			☐ Delete	TITL NAM	IE		/]	Change	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS /-ST-ZIP		Λ /				
TITLE			☐ Delete	TITL			$\neg \gamma \gamma $	Г	Change	☐ Addition	
NAME 'STREET ADDRESS				NAM	_		1.	-			
CITY-ST-ZIP					'-ST-ZIP		_				
TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM STRE	-		•		Change	Addition	
CITY-ST-ZIP	ertify that the information s	supplied with thi	is filing does not qualify fo	r the exe	'-ST-ZIP emption stat	ed in Section 11	9.07(3)(i), Florida Statutes. I f	urther certify	y that the in	formation	
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 #											