## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

L99000006431 **DOCUMENT #** 1. Entity Name I.D. STUDIO, L.L.C. 00 APR 21 AM 8: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 172 OREGON LANE 172 OREGON LANE **BOCA RATON FL 33487 BOCA RATON FL 33487-1524** 2. Principal Place of Business 3. Mailing Address 7491 N. FEDERAL HWY C-5 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. PMB 291 MUM Applied For City & State City & State 4. FEI Number FL 05-096028G Not Applicable POCCO RATION Country \$5.00 Additional Zip Country 5. Certificate of Status Desired 33487-1685 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIAZZA, VINCENT J Street Address (P.O. Box Number is Not Acceptable) C/O SHAPIRO & DECTOR, P.A. 7777 GLADES ROAD, SUITE 200 **BOCA RATON FL 33434** Zip Code FL 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, 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 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. 10. Addition MGRM 800003243068 TITLE ☐ Delete TITLE BROWN, ROY M NAME NAME -05/08/00--01117--024 172 OREGON LANE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** \*\*\*\*\*50.00 \*\*\*\*\*50.00 CITY- ST- ZEP CITY-ST-7IP MGRM Addition Addition TITLE Delete Changa Changa MAME CAHILL, CHRISTINE L NAME STREET ADDRESS 172 OREGON LANE STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZEP Addition Change ☐ Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Change Addition ... Deleto TITLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY- ST- 71P CITY- ST-71P Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

APPROVED