2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN -5 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99/6961

1. Entity Name

BLISS ENTERTAINMENT LLC

Principal Place of Business / Mailing Address

1605 NW 91ST AVE # 2114
CORAL SPRINGS FL 33077

2. Principal Place of Business	3. Mailing Address
1605 NW 91ST AVE	1605 NW 91ST AVE
Suite, Apt. #, etc. ~~CORAL~~ # 2114	Suite, Apt. #, etc. # 2114
City & State CORAL SPRINGS	City & State CORAL SPRINGS
Zip 33077 / Country USA	Zip 33077 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0955577 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

STACY BUTLER
1605 NW 91ST AVE # 2114
CORAL SPRINGS FL 33077

7. Name and Address of New Registered Agent

Name JASON BUTLER

Street Address (P.O. Box Number is Not Acceptable)

1605 NW 91ST AVE #2114

City CORAL SPRINGS **FL** Zip Code 33077

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 _____ DATE 05-10-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	MANAGING MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JASON BUTLER	NAME	100003297121---9
STREET ADDRESS	1605 NW 91ST AVE # 2114	STREET ADDRESS	-06/20/00--01051--020
CITY-ST-ZIP	CORAL SPRINGS FL 33077	CITY-ST-ZIP	*****50.00 ☒ Change ☒ Addition
TITLE	TREASURER ☐ Delete	TITLE	
NAME	STACY BUTLER	NAME	
STREET ADDRESS	1605 NW 91ST AVE # 2114	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33077	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does ... atures. I further certify that the information indicated on this report is true and accurate and that my signatu ... managing member or manager of the limited liability company or the receiver or trustee empowered to ...

SIGNATURE: _____ ...10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIG... Daytime Phone #

CR2E083 (11/99)