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

CR2E083 (11/99)

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

atures. I further certify that the information
managing member or manager of the

SIGNATURE: _____ 10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Daytime Phone #