

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

000 814 AF

DOCUMENT # L99000008053

1. Entity Name
VENEER PUBLISHING, LLC

00 MAY 19 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2516 PRINCETON CT.
WESTON FL 33327

Mailing Address

2516 PRINCETON CT.
WESTON FL 33327-1501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1041 S. Park Rd.

3. Mailing Address

4747 Hollywood Blvd.

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

228

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-0966087

Applied For

Not Applicable

Zip

33021

Country

Brow/USA

Zip

33021-6503

Country

Brow/USA

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

MORGANSTINE, JON
2516 PRINCETON CT.
WESTON FL 33327

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

Jon Morganstine

4/20/00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO - Marketing + Development
Jon Morganstine
2516 Princeton Ct
33327 - Weston, FL
MGRM ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(See box # 9, sorry)
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO - Visual Arts Dept.
Keith Kimmel
4747 Hollywood Blvd # 228
Hollywood, FL 33021
MGRM ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9000003283819--6
-06/12/00--01003--005
*****50.00 *****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
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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:

Jon Morganstine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/20/00

954-965-2922

CR2E083 (9/99)