

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008115

1. Entity Name
BAYBOARD ENTERTAINMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:05

Principal Place of Business
33-B VENETIAN WAY, NO. 61
MIAMI BEACH FL 33139

Mailing Address
33-B VENETIAN WAY, NO. 61
MIAMI BEACH FL 33139-8840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5750 Collins Ave
Suite Apt. #, etc.
#12K

3. Mailing Address
5750 Collins Ave
Suite Apt. #, etc.
#12K

City & State
Miami Beach, FL
Zip 33140 Country U.S.A.

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Miami Beach, FL
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4. FEI Number
65-0965041

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

2/23/00
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS SOBRINO, ANA
CITY-ST-ZIP 33-B VENETIAN WAY, NO. 61
MIAMI BEACH FL 33139 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME Principal
STREET ADDRESS Sobrino, Ana
CITY-ST-ZIP 5750 Collins Ave, Suite 12K
Miami Beach, FL 33140 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

2/23/00 (305) 867-6795
Date Daytime Phone #

CR2E083 (9/99)