

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:05

DOCUMENT # L99000008115

1. Entity Name
BAYBOARD ENTERTAINMENT, LLC

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

3. Mailing Address: **5750 Collins Ave**
 (Suite) Apt. #, etc. **#12K**
 City & State: **Miami Beach, FL**
 Zip: **33140** Country: **U.S.A.**

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: _____ State: **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: DATE: **2/23/00**

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

TITLE NAME	MGR SOBRINO, ANA	<input type="checkbox"/> Delete
STREET ADDRESS	33-B VENETIAN WAY, NO. 61	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	Principal Sobrino, Ana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5750 Collins Ave, Suite 12K	
CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: DATE: **2/23/00** Daytime Phone #: **(305) 867-6795**

SIGNATURE REQUIRED

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

CR2E003 (9/99)