


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90080 048 \*\*\*\*50.00

0015223

<b>DOCUMENT # L99000008138</b>	
1. Entity Name <b>BASSHEAD PRODUCTIONS, LLC</b>	

Principal Place of Business <b>% J.F. LOUMIET 1033 ANASTASIA AVENUE CORAL GABLES, FL 33134</b>	Mailing Address <b>% J.F. LOUMIET 1033 ANASTASIA AVENUE CORAL GABLES FL 33134</b>
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☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <b>C/O J.F. LOUMIET Suite, Apt. #, etc. 3814 S.W. 59TH AVE. City &amp; State MIAMI, FL. Zip 33155 Country MIAMI - DADE</b>	3. Mailing Address <b>C/O J.F. LOUMIET Suite, Apt. #, etc. 3814 S.W. 59TH AVE. City &amp; State MIAMI, FL. Zip 33155 Country MIAMI - DADE</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LOUMIET, JUAN P C/O GREENBERG TRAUIG, P.A. 1221 BRICKELL AVENUE MIAMI FL 33131</b>
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7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOUMIET, JUAN F 1033 ANASTASIA AVENUE CORAL GABLES FL 33134</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOUMIET, JUAN F. 3814 S.W. 59TH AVE. MIAMI, FL. 33155</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Juan F. Loumiet</b>	SIGNATURE REQUIRED	4/23/03 (305) 740 3328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

CR2E083 (10/02)