2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # L9900008448 1. Entity Name 04-17-2002 90027 013 ****50.00 RVM PROMOTIONS, L.L.C. Principal Place of Business Mailing Address 100 W. CYPRESS CREEK ROAD, SUITE 700 2900 GATEWAY DR FORT LAUDERDALE FL 33309 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 2900 Gateway Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0965596 Pompano Beach, FL Not Applicable Country Country Zin \$5.00 Additional 5. Certificate of Status Desired \Box 33069 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Leonard K. Samuels **GELET. PAMELA** Street Address (P.O. Box Number is Not Acceptable) 2900 GATEWAY DR Berger Singerman, P.A. POMPANO BEACH FL 33069 350 East Las Olas Blvd. Lauderdale 33301 8. The above named entity submits th anging its registered office or registered agent, or both, in the State of Florida. 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Addition MGR NAME SHEEHAN, KEVIN NAME SHEEHAN, KEVIN STREET ADDRESS STREET ADDRESS 21771 WESTMONT CT 2900 Gateway Drive CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** Pompano Beach, FL 33069 ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Delete

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 indigated 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Change

☐ Addition