

## 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000008466**

1. Entity Name  
**HONEY CHILD ENTERPRISES, LLC**

**FILED**  
01 SEP -7 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3525 ANCHORAGE WAY MIAMI FL 33133</b>		Mailing Address <b>3525 ANCHORAGE WAY MIAMI FL 33133</b>	
2. Principal Place of Business <b>3300 Rice St.</b>		3. Mailing Address <b>3300 Rice St.</b>	
Suite, Apt. #, etc. <b>7</b>		Suite, Apt. #, etc. <b>7</b>	
City & State <b>Coconut Grove, FL</b>		City & State <b>Coconut Grove, FL</b>	
Zip <b>33133</b>	Country	Zip <b>33133</b>	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOURNING, TRACY WILSON  
3225 AVIATION AVE., SEVENTH FLOOR  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3300 Rice Street, #7**  
City **Coconut Grove** FL Zip Code **33133**

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 \_\_\_\_\_  
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 September 26, 2001**

**900004602949--3**  
**-03/20/01--01075--017**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PLATINUM ENTERTAINMENT PRODUCTIONS, INC. 3225 AVIATION AVENUE, SEVENTH FLOOR MIAMI FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3300 Rice Street, #7 Coconut Grove, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: SIGNATURE REQUIRED 9-4-01 (305) 476-9065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STAPLE CHECK HERE

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CR2E083 (5/01)