

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90128 003 \*\*\*\*50.00

**DOCUMENT # L99000009139**

1. Entity Name

**BASSUK ENTERTAINMENT, L.C.**



Principal Place of Business

**1638 S. BAYSHORE COURT, PH  
COCONUT GROVE FL 33133**

Mailing Address

**1638 S. BAYSHORE COURT, PH  
COCONUT GROVE FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0979239**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HATTON, DAVID L  
2250 S.W. 3RD AVENUE, 5TH FLOOR  
MIAMI FL 33129**

Name **HATTON, DAVID L**

Street Address (P.O. Box Number is Not Acceptable)

**150 ALHAMBRA CIRCLE, SUITE 1150**

City **CORAL GABLES**

**FL**

Zip Code **33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **BASSUK, ROBERTA L**  
STREET ADDRESS **1638 S. BAYSHORE COURT, PH**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE **MGR** ☐ Delete  
NAME **VICTOR DANIEL BASSUK**  
STREET ADDRESS **2864 PISO 4, APT. 9 (1417**  
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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:

**SIGNATURE REQUIRED**

Date

Daytime Phone #

**4-17-2003**

**305-854-8926**

CR2E083 (10/02)