2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 APR 12 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001882 AF

DOCUMENT # L99000009307

1. Entity Name
PASS THA MIC PRODUCTIONS, L.L.C.

Principal Place of Business /
3415 WEST HILLSBOROUGH AVE., #731
TAMPA FL 33614

Mailing Address
P.O. BOX 272666
TAMPA FL 33688-2666

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3621226 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
PRZYBYCIN, MICHAEL S
3415 WEST HILLSBOROUGH AVE., #731
TAMPA FL 33614

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | 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 _____
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 Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete PRZYBYCIN, MICHAEL S 3415 WEST HILLSBOROUGH AVE., #731 TAMPA FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete PRZYBYCIN, MATTHEW S 3415 WEST HILLSBOROUGH AVE., #731 TAMPA FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700004036497--1 -04/20/01--01111--018 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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 3/7/01 813-414-0278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #