

2001 UNIFORM BUSINESS REPORT (UBR)

0017691 AF

DOCUMENT # M00000001874

1. Entity Name
ICE CREAM VENTURES, LLC

FILED
01 APR 30 PM 6:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

15438 NORTH FLORIDA AVE. SUITE 200 15438 NORTH FLORIDA AVE.
TAMPA FL 33613 TAMPA FL 33613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

SUITE 2 *200 E. CALIFORNIA AVENUE*
TOWNSTOWN, OHIO *USA*
44512

4. FEI Number Applied For

52-2257057 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. (NOT: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	CHIEF MANAGER	<input type="checkbox"/> Delete
NAME	EDWARD W. MURANSKY	
STREET ADDRESS	15438 N. FLORIDA AVENUE, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	CYNTHIA DE BASTO	
STREET ADDRESS	15438 N. FLORIDA AVENUE, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	CHRISTINE MURANSKY	
STREET ADDRESS	15438 N. FLORIDA AVENUE, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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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 *Edward W. Muransky* 4/25/01 330-629-8232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)