2001 UNIFORM BUSINESS REPORT (UBR)

000178 AF

DOCUMENT # M00000002276

1. Entity Name
TODOFUT.COM LLC

FILED
01 MAR 12 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1600 MERIDIAN AVENUE. SUITE 512 MIAMI BEACH FL 33139	1600 MERIDIAN AVENUE. SUITE 512 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE MJH

2. Principal Place of Business	3. Mailing Address
1680 MICHIGAN AVE	1680 MICHIGAN AVE
Suite, Apt. #, etc. 700	Suite, Apt. #, etc. 700
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33139 Country: DADE	Zip: 33139 Country: DADE

4. FEI Number APPLIED FOR 06-1597970 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ 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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CORBRIDGE, MARK 13 ALBEMARIE STREET LONDON W1X8HA ENGLAND	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAVID JOHNSON 1680 MICHIGAN AVE #700 MIAMI BEACH, FL 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KING, ANDREW 13 ALBEMARIE STREET LONDON W1X8HA ENGLAND	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RAFAEL JIMENEZ 1680 MICHIGAN AVE #700 MIAMI BEACH, FL 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CARLOS CASSINERA 1680 MICHIGAN AVE #700 MIAMI BEACH, FL 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600003889296--8	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	-03/20/01--01--019--01 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 2-06-01 (305) 777 2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #