

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002352

1. Entity Name

HOLLYWOOD RENTALS PRODUCTION SERVICES, LLC

FILED

01 OCT -8 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

100 WILSHIRE BLVD., 8TH FLOOR  
SANTA MONICA CA 90401

Mailing Address

100 WILSHIRE BLVD., 8TH FLOOR  
SANTA MONICA CA 90401

2. Principal Place of Business

3111 N Kenwood St

Suite, Apt. #, etc.

3. Mailing Address

3111 N Kenwood St

Suite, Apt. #, etc.

City & State

Burbank CA

Zip

91505

Country

USA

City & State

Burbank CA

Zip

91505

Country

USA

4. FEI Number

APPLIED FOR

95-4828260

Applied For

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

300004629483--8  
-10/10/01--01035--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

Member  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

Member  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

Member  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

Member  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 SHARMA

9-26-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)