

8/11/200

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M01000001799**

1. Entity Name

FAHLGREN ENTERTAINMENT, LLC**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-11-2002 90169 023 ****50.00

42077Principal Place of Business
600 CORPORATE DRIVE, SUITE 300
FT. LAUDERDALE FL 33334Mailing Address
600 CORPORATE DRIVE, SUITE 300
FT. LAUDERDALE FL 33334

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

58-2632402

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

CASE, MICHAEL J
600 CORPORATE DRIVE, SUITE 300
FT. LAUDERDALE FL 33334

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. 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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PARHAM, BELINDA S
3060 PEACHTREE ROAD, N.W., SUITE 2000
ATLANTA GA 30326☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

08-05-02 404-239-5411

CR2E03 (4/02)