2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

?/10/2003-90022-003-$50.00-$50.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -1 AM 9:01

DOCUMENT # M01000001799

1. Entity Name
FAHLGREN ENTERTAINMENT, LLC

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3230 W. Commercial Blvd	3230 W. Commercial Blvd.
Suite, Apt. #, etc.: Suite 380	Suite, Apt. #, etc.: Suite 380
City & State: Oakland Park, FL	City & State: Oakland Park, FL
Zip: 33309 Country: U.S.A	Zip: 33309 Country: U.S.A.

4. FEI Number 59-2632402 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Lori Kalita
Street Address (P.O. Box Number is Not Acceptable): 3230 W. Commercial Blvd.
Suite 380
City: Oakland Park FL Zip Code 33309

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] Lori Kalita
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 Florida Department of State
Due By May 1, 2003

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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Belinda S. Parham 3495 Piedmont Road, Bldg 11, Suite 910 Atlanta GA 30305 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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, 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: [signatures] SIGNATURE REQUIRED
Lori A. Kalita 04-29-03 813-222-8402
Belinda S. Parham 04-07-03 404-239-5411

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

CR2E053 (10/02)