

**FILED**  
**Jun 24, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90126 009 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000002865

1. Entity Name

CLOUD NINE ENTERTAINMENT, LLC

DO NOT WRITE IN THIS SPACE

94579

2. Principal Place of Business

8671 Wilshire Blvd

Suite, Apt. #, etc.

# Suite 610

City &amp; State

BEVERLY HILLS, CA

Zip

90211

Country

USA

3. Mailing Address

327 Plaza Real

Suite, Apt. #, etc.

# 301 #350

City &amp; State

Boca Raton, FL

Zip

33432

Country

USA

4. FEI Number

954826174

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

DAVID THORSEN

Street Address (P.O. Box Number is Not Acceptable)

327 PLAZA REAL #350

City

Boca Raton

FL

Zip Code

33432

DO NOT WRITE  
IN THIS SPACE

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPDAVID THORSEN  
327 Plaza Real #301  
Boca Raton, FL 33432TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPEXECUTIVE PRODUCER  
DAVE THORSEN  
327 PLAZA REAL #350  
BOCA RATON, FL 33432TITLE  
NAME  
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CITY - ST - ZIPTITLE  
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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:

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

Date

Daytime Phone #

CR2E083B (12/01)