

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90696 045 ****55.00

DOCUMENT # MO1000002865

1. Entity Name

CLOUD NINE ENTERTAINMENT, LLC



Principal Place of Business

8671 WILSHIRE BLVD.
STE 610
BEVERLY HILLS CA 90211

Mailing Address

327 PLAZA REAL, SUITE 301
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

327 PLAZA REAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 350

City & State

City & State

BOCA RATON, FL.

Zip

Country

Zip

Country

33432

USA

4. FEI Number 95-4826174

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

THORSEN, DAVID
327 PLAZA REAL #301
BOCA RATON FL 33432

Name

THORSEN, DAVIO

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

327 PLAZA REAL #350

City

BOCA RATON

FL

Zip Code

33432

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

DAVID THORSEN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/03

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
P
THORSEN, DAVE
327 PLAZA REAL, SUITE 350
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
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Change Addition

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Change Addition

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CITY-ST-ZIP
Change Addition

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(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: X

SIGNATURE REQUIRED

DAVID THORSEN

Date

5/1/03

Daytime Phone #

310-617-0882

CR20283 (10/02)