

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90040 046 ****50.00

DOCUMENT # M02000000925

1. Entity Name

POWER PLANT ENTERTAINMENT, LLC



Principal Place of Business

Mailing Address

590 MADISON AVENUE, 32ND FLOOR
NEW YORK NY 10022

590 MADISON AVENUE, 32ND FLOOR
NEW YORK NY 10022

30158602



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

601 E. PRATT STREET

3. Mailing Address

601 E. PRATT STREET

Suite, Apt. #, etc.

6TH FLOOR

Suite, Apt. #, etc.

6TH FLOOR

City & State

BALTIMORE MD

City & State

BALTIMORE, MD

Zip

21202

Country

USA

Zip

21202

Country

USA

4. FEI Number

52-2216363

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. 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 Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **NATIVE AMERICAN DEVELOPMENT, LLC**
STREET ADDRESS **601 EAST PRATT STREET, 6TH FLOOR**
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE **MGRM** ☐ Delete
NAME **COASTAL DEVELOPMENT LLC**
STREET ADDRESS **590 MADISON AVENUE, 3RD FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **NATIVE AMERICAN DEVELOPMENT, LLC**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

9/22/03 410-433-7785

CR2E083 (4/03)