## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M9500000108 CARTOON CUTS SOUTH, L.L.C. LC Principal Place of Business

## **FILED** May 07, 2002 8:00 am Secretary of State

05-07-2002 90374 011 \*\*\*\*50.00 Mailing Address 5501 BACKLICK ROAD, SUITE 115 5501 BACKLICK ROAD, SUITE 115 SPRINGFIELD VA 22151 SPRINGFIELD VA 22151 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1755900 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Addition PERKAL, RICHARD L NAME NAME STREET ADDRESS 5501 BACKLICK ROAD, SUITE 115 STREET ADDRESS CITY-ST-ZIP SPRINGFIELD VA 22151 CITY-ST-ZIP MGRM TITLE ☐ Delete TITI F Change ☐ Addition PERKAL, KATHLEEN M NAME NAME STREET ADDRESS 5501 BACKLICK ROAD, SUITE 115 STREET ADDRESS CITY-ST-ZIP SPRINGFIELD VA 22151 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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.

\*\*Carton Cuts\*\* puth, 410 by: Tathelewin . Here I will be supplied by Chapter 608, Florida Statutes.

IRED JORGE SAIVAT, PRES/CEO 703354 380/ SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER.