

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000384

1. Entity Name

SCIE LLC

Principal Place of Business

2835 NORTH NAOMI STREET
BURBANK CA 91504

Mailing Address

C/O LAW OFFICES OF JAMES DONOVAN
515 S. FIGUEROA STREET, SUITE 1000
LOS ANGELES CA 90071-3327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

88-0391100

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR ☐ Delete
STREET ADDRESS DRANEY, ROBERT W
CITY-ST-ZIP 410 NEVADA HIGHWAY, SUITE 200
BOULDER CITY NV 89005

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003258551--4
CITY-ST-ZIP -05/19/00--01009--024
*****50.00 *****50.00

TITLE NAME MGR ☐ Delete
STREET ADDRESS PETERSON, JACK L
CITY-ST-ZIP 410 NEVADA HIGHWAY, SUITE 200
BOULDER CITY NV 89005

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

TITLE NAME MGR ☐ Delete
STREET ADDRESS DONOVAN, JAMES M
CITY-ST-ZIP 515 SOUTH FIGUEROA ST., STE. 1000
LOS ANGELES CA 90071

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

TITLE NAME MEM ☐ Delete
STREET ADDRESS WRLJ MAPLE CORP.
CITY-ST-ZIP 2835 NORTH NAOMI STREET
BURBANK CA 91504

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

James M. Donovan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

James M. Donovan, Manager 4/23/00 (213) 629-4961

Date

Daytime Phone #