

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90007 032 *****50.00

0049289

DOCUMENT # M98000000387

1. Entity Name

PAYPIX 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****80036469**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

88-0391096

Applied For

Not Applicable

Zip

Country

Zip

Country

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
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DRANEY, ROBERT W	
STREET ADDRESS	410 NEVADA HIGHWAY, SUITE 200	
CITY-ST-ZIP	BOULDER CITY NV 89005	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PETERSON, JACK L	
STREET ADDRESS	410 NEVADA HIGHWAY, SUITE 200	
CITY-ST-ZIP	BOULDER CITY NV 89005	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DONOVAN, JAMES M	
STREET ADDRESS	515 S. FIGUEROA ST., STE. 1000	
CITY-ST-ZIP	LOS ANGELES CA 90071	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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: James M. Donovan James M. Donovan, Manager 2/19/02 (213) 629-4861

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

Date

Daytime Phone #

CR2E083 (9/01)