2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 JUN 23 AM 10: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000705

1. Entity Name
POINTE ORLANDO LOGO, L.C.

Principal Place of Business	Mailing Address
3875 NORTH 44TH STREET, SUITE 350 PHOENIX AZ 85018	3875 NORTH 44TH STREET, SUITE 350 PHOENIX AZ 85018-5484

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1120 Ave. of the Americas	1120 Ave. of the Americas
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10036 / Country:	Zip: 10036 / Country:

4. FEI Number 86-0913070 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, CHAD
9101 INTERNATIONAL DRIVE, SUITE 1040
ORLANDO FL 32819

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.

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 / STREET ADDRESS / CITY-ST-ZIP	MGR LYONS, RICKY J 3875 NORTH 44TH STREET, SUITE 350 PHOENIX AZ 85018 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEAN BERNSTEIN 1120 Avenue of the Americas New York, NY 10036 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100003313411--4 -07/05/00--01093--002 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with th[is filin]g 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 accur[ate an]d [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 tru]st[ee] empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dean Bernstein [signature] 6/15/2000 (212) 869-3000
SIGNATURE [AND TYPED] OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)