LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000594

1. Entity Name

FILED May 01, 2002 8:00 am Secretary of State 05-01-2002 91481 010 ****50.00

NCM LEASING COMPANY, L.L.C.									
	DO NOT WRITE		_				9492	4 0	
2. Principal Place of Business 3. Mailing Address SAME									
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
<u> </u>	<u>e / 0 </u>	City & State			4. FEI Nu 43	imber		Applied For	
west.	PALM BEACH FL	7:	Country		43	-184434		Not Applicable	
Zip 334	109 Country Beach	Zip	Country			cate of Status Desired	, n	55.00 Additional ee Required	
. 4			N	omo		nd Address of Curre		Agent	
٤	DO NOT WI		NISSIM PRESENTL						
IN THIS SPACE					treet Address (P.O. Box Number is Not Acceptable)				
e e	IN I MIS SP	ACE		1650	N. MIL	ITARY TRAI	L Suite	± 404	
			C	ity Dect PA	In Be	ach	FL	Zip Code 409	
8. The above	named entity submits this statement for	the purpose of changing i		·			Florida.		
	·								
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title il applicable.					DATE		
		Make Check F	FEE IS \$50 Payable to Do DUE BY MA	epartment of	State		<u> </u>		
9.	MANAGING MEMBER	S/MANAGERS		- ST					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NISSIM PRESENTI 1650 N. M. LITARY TRAI West Palm BEACH, Fl	L Suite #104 22089	TITLE NAME STREET AD CITY-ST-Z	1					
TITLE	MGRM		TITLE			4			
NAME	ALISA PRESENTI	NAME STREET AD	INDEGC						
STREET ADDRESS CITY-ST-ZIP	SS 1650 N. MiliTARY TRAIL West Palm BEACH, FL. 33409			ZIP					
TITLE	Dest more Boiles		TITLE						
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CITY-ST-ZIP			CITY-ST-Z	l l					
11. I hereby of indicated	certify that the information supplied Ath I on this report is true and accurate and t	his filing does not qualify that my signature shall hav	for the exempti e the same leg	on stated in Sec al effect as if m	ction 119.0 ade under	7(3)(i), Florida Statute oath; that I am a mar	s. I further certi aging member	fy that the information or manager of the	

SIGNATURE: