

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000672

1. Entity Name
HARD CANDY, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:28

DEC 05 2003

Principal Place of Business Mailing Address
661 NORTH HARPER AVE. STE 200 **661 NORTH HARPER AVE. STE 200**
LOS ANGELES CA 90048-2224 **LOS ANGELES CA 90048-2224**

2. Principal Place of Business 3. Mailing Address
729 Farad Street **729 Farad Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Costa Mesa, CA **Costa Mesa, CA**
Zip Country Zip Country
92627 **USA** **92627** **USA**

4. FEI Number **95-4741050** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name **Registered Agents of Florida, LLC**
Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street
Suite 2900
City **Miami** **FL** Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **2/14/04**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOEL, PATRICK 19 E 57TH ST NEW YORK NY 10022	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE WARREN, RICHARD 19 E 57TH ST NEW YORK NY 10022	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANTZ, JACQUES 19 E 57TH ST NEW YORK NY 10022	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Faded Signature]</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Faded Signature]</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Faded Signature]</i>	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEON FALIC 6100 Hollywood Blvd, 7th Floor Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICOLAS TORIB 6100 Hollywood Blvd, Suite 430 Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400026114124 01/06/04--01017--025 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400026114124 03/10/04--01051--003 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 03.04

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: *[Signature]* SIGNATURE REQUIRED 12/12/03 954-786-7570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #