

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000879

1. Entity Name

PRISM FLORIDA OPERATIONS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 8:55

Principal Place of Business

11 BEACH STREET, SECOND FLOOR
NEW YORK NY 10013

Mailing Address

11 BEACH STREET, SECOND FLOOR
NEW YORK NY 10013-2429



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1667 K Street

3. Mailing Address

1667 K Street

Suite, Apt. #, etc.

Suite 200

City & State

Washington, DC

Zip
20006

Country

Suite, Apt. #, etc.

Suite 200

City & State

Washington, DC

Zip
20006

Country

4. FEI Number

13-4071915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Handwritten signature
3/16/00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME PECK, TERRENCE
STREET ADDRESS 11 BEACH STREET, SECOND FLOOR
CITY-ST-ZIP NEW YORK NY 10013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 770 Broadway-15th Floor
CITY-ST-ZIP New York, NY 10003 ☒ Change ☐ Addition

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-22-2000

917-305-2000

CR2E083 (9/99)