

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001921
 1. Entity Name
Convention Tapes International LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

Principal Place of Business		Mailing Address	
930 WASHINGTON AVE 5th Floor Miami Beach, FL 33139		→ SAME	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0910290</u>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATE CREATIONS ENTERPRISES, INC 941 FOURTH ST #200 Miami Beach, FL 33139			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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<u>MGRM</u> RONALD BURNSTINE 930 WASHINGTON AVENUE, 5th FL MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition	300003317133--8 -07/10/00--01011--012 *****50.00 *****50.00
<input type="checkbox"/> Delete	<u>MGRM</u> BRAD KRASSNER ADDRESS SAME AS ABOVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	300003317133--8 -07/10/00--01011--013 *****5.00 *****5.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ronald Burnstine 6/20/00 (305) 672-8273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #