

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92177 031 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000001489

1. Entity Name
PRODUCTION VALUES MEDIA, LLC



30069470

Principal Place of Business
C/O JAMES PHILLIP DUNKLE
2604 EAST JEFFERSON ST.
ORLANDO, FL 32803

Mailing Address
C/O JAMES PHILLIP DUNKLE
2604 EAST JEFFERSON ST.
ORLANDO, FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3701419

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEPALMA, TIMOTHY E ESQ.
169 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32761

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 15, 2003

9. MANAGING MEMBERS/MANAGERS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
DUNKLE, JAMES P.
2604 EAST JEFFERSON STREET
ORLANDO, FL 32803

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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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 508, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/03 407-228-8900

CR2E083 (10/02)