

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90006 007 ****50.00

DOCUMENT # L01000021373

1. Entity Name

HARBORSIDE PRODUCTIONS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1515 Ringling Blvd. 10th FL

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

4. FEI Number

03-0386643

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name David S. Maglich, Esquire

Street Address (P.O. Box Number is Not Acceptable)

1515 Ringling Blvd., 10th FL

City -- Sarasota

FL

Zip Code 34236

**DO NOT WRITE
IN THIS SPACE**

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Managing Member
NAME Mario Lopez
STREET ADDRESS 263 George Road
CITY-ST-ZIP Port Charlotte, FL 33952

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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:

2-25-03

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

Date

Daytime Phone #

CR2E083B (12/02)