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

DOCUMENT # L01000021373

1. Entity Name

HARBORSIDE PRODUCTIONS, LLC

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

SIGNATURE:



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90006 007 ****50.00

Daytime Phone #

			V	WE THE		
	DO NOT WAITE	INC.				
	DO NOT WRITE	IN THIS	SPAC	Æ		
2. Principal f	Place of Business	3. Mailing Address				
1515 Ringling Blvd. 10th FL		same				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number	Applied For
Sarasota, Florida		7-		03-0386643	Not Applicable	
Zip 34236	Country USA	Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required	
	a i remaina da Managara de Caracida de				7. Name and Address of Current Register	ed Agent
	DO NOT W	DITE		່ "ປືavid S.	Maglich, Esquire	
	DO NOT W	ZUE	Street Address (F		P.O. Box Number is Not Acceptable) ngling Blvd., l0th FL	
	IN THIS SP	ACE		1515 K1r	igling Blvd., 10th FL	
				City	. F	Zip Code
8. The above	e named entity submits this statement for	the purpose of changing	r its register	City Sarasota	ad agent, or both, in the State of Florida. I am	<u> </u>
the obligat	tions of registered agent.	and purposes of changing	y no rogiotori	od ombo or regionare	a again, or boin, in the oldie of Florida. Fair	Tarrillar Will, and accept
SIGNATURE	Signature, typed or printed name of registered agent ar	od title if applicable			DATE	
			FEE IS	\$50 BB	DAIL	
		Make Check Pay	许分表创造的公公园的1000年中华综合人的年间自身 的位	A Committee of the Comm	of State	1
			DUE BY			
9.	MANAGING MEMBER	IS/MANAGERS			<u> </u>	
TITLE	Managing Member	O) WITH AGENO	TITLE	and a second with a second of the	dispension in the lateral control in the control of	And the state of t
NAME	Mario Lopez		NAM			
STREET ADDRESS	263 George Road		STRE	ET ADDRESS		
CITY-ST-ZIP	Port Charlotte, FL 3	33952	CITY	ST-ZIP	at a serie de la companya de la comp	
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NAME			NAME		IN THIS SPA	UE
STREET ADDRESS CITY-ST-ZIP				TADDRESS		
			1200 2500 Y	ST-ZIP		
TITLE NAME			TITLE			
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CITY-ST-ZIP				ST-ZIP		
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STREET ADDRESS			STREE	T ADDRESS		Control of the Contro
CITY-ST-ZIP			高级人为中华社	ST-ZIP		
 I hereby of indicated limited liab 	ertify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trusteed.	nis filing does not qualify nat my signature shall ha empowared to execute the	for the exer ve the same his report as	nption stated in Sec legal effect as if ma required by Chapte	tion 119.07(3)(i), Florida Statutes. I further or ide under oath; that I am a managing memb r 608, Florida Statutes.	ertify that the information per or manager of the