

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90026 015 ****50.00

DOCUMENT # L02000005172



1. Entity Name
OPEN WINDOW PRODUCTIONS, L.L.C.

Principal Place of Business

**3986 TARIAN COURT
PALM HARBOR FL 34684**

Mailing Address

**23 EAST TARPON AVE
TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address

31940 U.S. Hwy 19

Suite, Apt. #, etc.

27 E. ORANGE STR.

City & State
Palm Harbor, FL

Zip
34684

Country
U.S.



CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number

74-3030972

Applied For

Not Applicable

Zip

Country

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

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N ESQ.
23 EAST TARPON AVE
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name
Daniel F. Johnson, CPA

Street Address (P.O. Box Numbers Not Acceptable)
27 E. ORANGE STR.

DANIEL F. JOHNSON, C.P.A.

City
**TWIN LAKES PLAZA
31940 US HWY 19 N
PALM HARBOR, FL 34684** **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Daniel F. Johnson CPA

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHARPE, LYNN ANNE 3986 TARIAN COURT PALM HARBOR FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHARPE, FRANK J 3986 TARIAN COURT PALM HARBOR FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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:

Frank J Sharpe

3-6-03

(727) 789-6302

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

Date

Daytime Phone #

CR2E083 (10/02)