I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 02/16/2024

SIGNATURE: LLC ARCHONPLEX

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L22000062880

Entity Name: COUNTER PRODUCTIONS DIGITAL MEDIA, LLC

Current Principal Place of Business:

7901 4TH ST N **STE 300** ST. PETERSBURG, FL 33702

Current Mailing Address:

188865 STATE ROAD 54 STE 129 LUTZ, FL 33558 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH ST N **STE 300** ST. PETERSBURG, FL 33702 US

City-State-Zip: SHERIDAN WY 82801

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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	ARCHONPLEX, LLC	Name	RED FIVE, LLC
Address	30 N GOULD ST. STE. R	Address	30 N GOULD ST. STE. R

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 16, 2024 Secretary of State 4682788952CC

Certificate of Status Desired: No

City-State-Zip: SHERIDAN WY 82801

MANAGER

Date

Date