

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001439

1. Entity Name
BV & BK PRODUCTIONS, LLLP



Principal Place of Business
1077 OLD HIGHWAY 17 SOUTH
CRESCENT CITY FL 32112

Mailing Address
1077 OLD HIGHWAY 17 SOUTH
CRESCENT CITY FL 32112

FILED

03 MAR 25 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

P.O. Box 863

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
CRESCENT CITY

4. FEI Number

81-0561930

Applied For

Not Applicable

Zip

Country

Zip

Country

32112

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES L. PADGETT, P.A.

3-NORTH SUMMIT ST.

CRESCENT CITY FL 32112

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
CIANI, CHAD W
1077 OLD HIGHWAY 17 SOUTH
CRESCENT CITY FL 32112

STREET ADDRESS

CITY-ST-ZIP

600013336696

03/03/03--01058--001 **52.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MASKELL, JASON
925 AVE L SOUTH
SASKATOON SK S7M2J-2

STREET ADDRESS

CITY-ST-ZIP

600013336696

03/25/03--01067--005 **88.75

DOCUMENT #
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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-27-2003

384-698-2021

Date

Daytime Phone #

CR2E003 (10/02)