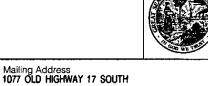
## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # A0200001439

1. Entity Name
BV & BK PRODUCTIONS, LLLP

Principal Place of Business 1077 OLD HIGHWAY 17 SOUTH

CRESCENT CITY FL 32112



CRESCENT CITY FL 32112

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Place of Business		3. Mailing Address P.O. Box 863		1108101111	1 1881811 1811 46118 11911 26111 26111 26111 29111 28111 18111 28111 28111 18111 28111 28111 28111 28111 28111					
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State		CRESCEUT CLTY		4. FEI Number 81 - 05	61930	Applied For Not Applicable				
Zip		Country	32112. C		ntry <del> }</del>	5. Certificate of	5. Certificate of Status Desired See Required Fee Required			
6. Name and Address of Current Registered Agent				<u> </u>	7. Name and Address of New Registered Agent					
JAMES L. PADGETT, P.A.				Name						
3 NORTH SUMMIT-ST:			<del>-</del>	Street Address (P.O. Box Number is Not Acceptable)						
CRESCEN	IT CITY FL	32112					<del></del>			
					City	·	FI	Zip Code		
the obligat	tions of regist	ered agent.		jing its register	red office or re	egistered agent, or both,	in the State of Florida. 1 am	familiar with, and accept		
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable.			• •	DATE			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.				ibutions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
,							TIVE WITH THIS OFFIC to change a general pa			
12.		GENERAL PARTNE	R INFORMATION	13.			ADDRESS CHANGES OF	NLY		
DOCUMENT #					EET ADDRESS					
NAME	CIANI, CH			SIR	EET AUDITESS	500013336696				
STREET ADDRESS				CITY	r-st-zip	03/03/0	03/03/0301058001 **52,50			
CITY-ST-ZIP	CRESCENT CITY FL 32112					201 001 01000 001 44/0E*00				
DOCUMENT #	14401/51	14001		STR	EET ADDRESS					
NAME	MASKELL,	JASUN			_					
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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:** 

SCHOTLES REQUIRED.

2-27-203

386-698-2021

Daytime Phone #