

DOCUMENT # **AG5000001699**

1. Entity Name

Last Perfect Wave Productions, Ltd.

FILED

00 MAY -4 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

P.O. Box 1197

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Park FL

City & State

4. FEI Number

59-3320119

Applied For

Not Applicable

Zip
32790Country
USA

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Ray Coleman
230 Lakemount Dr
Winter Park, FL 32790

7. Name and Address of New Registered Agent

Name **Joseph Tankersley**

Street Address (P.O. Box Number is Not Acceptable)

691 Vista Villa DrCity **Winter Springs**

FL

Zip Code
32708

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.

SIGNATURE

Ray Coleman **Joseph Tankersley**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/1/00

DATE

9. Capital Contributions

as Shown on record.

309,000

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #
NAME **Last Perfect Wave Inc**
STREET ADDRESS
CITY-ST-ZIP **P.O. Box 1197**
Winter Park, FL 32790

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

5000003288645--4**-06/14/00--01054--005*******526.25 ***526.25**DOCUMENT #
NAME
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CITY-ST-ZIP

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STREET ADDRESS

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:

Joseph Tankersley**5/1/00**

Date

Daytime Phone #

407-315-9997**407-628-1526**

CR2E003 (9/99)