# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 03, 2002 8:00 am**
**Secretary of State**
05-03-2002 90038 019 ****50.00

DOCUMENT # L00000002651

1. Entity Name
SHOEBOX PRODUCTIONS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 5062<br>GAINESVILLE FL 32627 | P.O. BOX 5062<br>GAINESVILLE FL 32627 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3631472 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

NICOLETTE, GUY
6731 NW 38TH TERRACE
GAINESVILLE FL 32653

**7. Name and Address of New Registered Agent**

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>NICOLETTE, GUY<br>6731 NW 38TH TERRACE<br>GAINESVILLE FL 32653 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>WALLS, JASON<br>2108 NW 7TH TERRACE<br>GAINESVILLE FL 32609 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>WALLS, JASON<br>2149 NW 43RD PLACE<br>GAINESVILLE, FL 32605 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>BROOKS, BRIAN<br>916 NW 9TH AVE<br>GAINESVILLE FL 32609 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>ARWINIE, DAVID<br>916W 9TH AVE<br>GAINESVILLE FL 32609 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>KEVIN KING<br>4455 NW 34TH STREET (#238)<br>GAINESVILLE, FL 32608 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>TOM WOOD<br>11418 NW 34TH AVE<br>GAINESVILLE, FL 32606 | ☐ Change ☒ Addition |

CR2E083 (9/01)

11. 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 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:** [redacted] REQUIRED 4/2/02 352-870-0878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #