

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002651

FILED  
Jul 02, 2004  
Secretary of State

**Entity Name:** SHOEBOX PRODUCTIONS, LLC

**Current Principal Place of Business:**

P.O. BOX 5062  
GAINESVILLE, FL 32627

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5062  
GAINESVILLE, FL 32627

**New Mailing Address:**

**FEI Number:** 59-3631472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICOLETTE, GUY  
6731 NW 38TH TERRACE  
GAINESVILLE, FL 32653 US

**Name and Address of New Registered Agent:**

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

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: NICOLETTE, GUY  
Address: 6731 NW 38TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM ( ) Delete  
Name: WALLS, JASON  
Address: 2149 NW 43RD PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete  
Name: KING, KEVIN  
Address: 4455 SW 34TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM (X) Delete  
Name: WOOD, TOM  
Address: 11418 NW 34TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

**SIGNATURE:** GUY NICOLETTE

MNGR

07/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date