

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002651

FILED  
Jul 11, 2005  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

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/MANAGERS:**

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

**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:

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

MGR

07/11/2005

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