

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000005808**

1. Entity Name
TRIPOD PRODUCTIONS, LLC

Principal Place of Business
**1740 ALDERMAN ST
#9
SARASOTA FL 34236**

Mailing Address
**1740 ALDERMAN ST
#9
SARASOTA FL 34236**

FILED
01 JUN 22 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
616 Golden Gate Point

3. Mailing Address
616 Golden Gate Point

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#8

#8

City & State

City & State

Sarasota, FL

Sarasota, FL

Zip

Country

Zip

Country

34236

USA

34236

USA

4. FEI Number

65-1012207

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODFORD, JAMES
1740 ALDERMAN ST
#9
SARASOTA FL 34236**

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

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

James P. Woodford

(NOTE: Registered Agent signature required when reinstating)

4/30/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to: Department of State

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-07/05/01--01103--009

*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Partner
James P. Woodford MGRM
616 Golden Gate Pt. #8
Sarasota, FL 34236**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

James P. Woodford **4/30/01** **941 35-7777**

Date

Daytime Phone #

CR2E083 (11/00)