

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007015 1. Entity Name COURAGE PRODUCTIONS, L.L.C.	
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Principal Place of Business 119 WHITING STREET TAMPA, FL 33602	Mailing Address 119 WHITING STREET TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



09012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3622225	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ALEXANDER, PETER N 859 SEDDON COVE TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

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

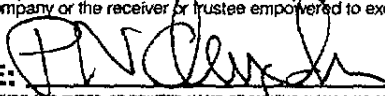
**Filing Fee is \$50.00
Due by September 8, 2004**

U000000171795
09/08/04-80006-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEXANDER, PETER 859 SEDDON COVE TAMPA, FL 33602
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**DO NOT WRITE
IN THIS SPACE**

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:  **9-2-04 813-314-9033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #