

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012954

1. Entity Name  
EAGLE EYE PRODUCTION, L.L.C.

Principal Place of Business  
4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR  
FORT LAUDERDALE FL 33308

Mailing Address  
4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR  
FORT LAUDERDALE FL 33308

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

☒ 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

ROSENBERG, ARTHUR R  
4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR  
FORT LAUDERDALE FL 33308

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Managing member ☐ Delete  
NAME Wahdo Productions of Florida, Inc  
STREET ADDRESS 4875 North Federal Hwy 7th Floor  
CITY-ST-ZIP Ft Lauderdale, FL. 33308

TITLE ☐ Change ☐ Addition  
NAME 500004383895  
STREET ADDRESS  
CITY-ST-ZIP 06/08/01-01079  
\*\*\*\*\*50.00\*\*\*\*\*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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.

Micheal Cstiglione, Authorized Representative

SIGNATURE: *Micheal Cstiglione* MICHAEL C2851601002

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

Date

Daytime Phone #

FILED

01 MAY 11 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4/27/01 954.561-037