

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90744 048 ****50.00

DOCUMENT # L01000001019

1. Entity Name
LONG DRIVE PRODUCTIONS, LLC



Principal Place of Business
**6600 SOUTH ORIOLE BLVD.
#H206
DELRAY BEACH FL 33446**

Mailing Address
**6600 SOUTH ORIOLE BLVD.
#H206
DELRAY BEACH FL 33446**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1069259**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DUNN, ELIZABETH A
2401 N.W. BOCA RATON BLVD.
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

1200 N. FEDERAL HWY. #301

City

BOCA RATON

FL

Zip Code

33432

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **JOHANSSON, VIKTOR**
STREET ADDRESS **6600 SOUTH ORIOLE BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **VIKTOR JOHANSSON**
STREET ADDRESS **492 S.W. 28th AVE.**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

VIKTOR JOHANSSON

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

Date

04/10/03

Daytime Phone #

561-703-4774

CR2E083 (10/02)