

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90022 040 ****50.00

DOCUMENT # L01000003401

1. Entity Name
TIME CODE PRODUCTIONS LLC



Principal Place of Business
3475 MYSTIC POINTE DRIVE STE 11
AVENTURA, FL 33180

Mailing Address
3475 MYSTIC POINTE DRIVE STE 11
AVENTURA, FL 33180

2. Principal Place of Business
3350 Griffin Road
Suite, Apt. #, etc.

3. Mailing Address
3350 Griffin Road
Suite, Apt. #, etc.



03062005 Chg-LLC CR2E083 (10/03)

City & State
Fort Lauderdale, FL
Zip
33312
Country

City & State
Fort Lauderdale, FL
Zip
33312
Country

4. FEI Number
65-1080009

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JABILES, DAPHNA
3475 MYSTIC POINTE DR STE 11
MIAMI, FL 33180

7. Name and Address of New Registered Agent

Name

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

3350 Griffin Road

City
Fort Lauderdale

FL

Zip Code
33312

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JABILES, DAPHNA
3475 MYSTIC POINTE DR STE 11
AVENTURA, FL 33180

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Daphna Jabiles
3350 Griffin Road
Fort Lauderdale, FL 33312

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ Addition

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:

Daphna Jabiles

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

4/12/05

Date

205 794 4530

Daytime Phone #