

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90195 030 ****55.00

DOCUMENT # L01000003485

1. Entity Name

ELAN PHOTO STUDIOS, LLC

Principal Place of Business

**2195 PORTER LAKE DR.
 SARASOTA FL 34240**

Mailing Address

**2195 PORTER LAKE DR.
 SARASOTA FL 34240**

2. Principal Place of Business

3444 CLARK RD

Suite, Apt. #, etc.

3. Mailing Address

3444 CLARK RD

Suite, Apt. #, etc.

City & State

SARASOTA FL 34231

City & State

SARASOTA FL 34231

4. FEI Number

65-1083364

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

34231

Country

SARASOTA

5. Certificate of Status Desired

A

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FIOCCO, ANTHONY J JR.
 2195 PORTER LAKE DR.
 SARASOTA FL 34240**

7. Name and Address of New Registered Agent

Name **ANTHONY J FIOCCO**

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

3444 CLARK RD

City

SARASOTA

FL

Zip Code

34231

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)

9/20/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
 NAME **FIOCCO, ANTHONY J JR.**
 STREET ADDRESS **2195 PORTER LAKE DR.**
 CITY-ST-ZIP **SARASOTA FL 34240**

☒ Delete

10. ADDITIONS/CHANGES

TITLE **MGR**
 NAME **ANTHONY J FIOCCO**
 STREET ADDRESS **3444 CLARK RD.**
 CITY-ST-ZIP **SARASOTA, FL 34231**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

SIGNATURE REQUIRED

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

9/20/02

Date

**941
 809-5242**

Daytime Phone #

CR2E083 (4/02)