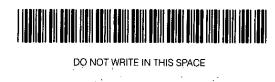
## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100005387 FANTASIA THE ENTERTAINMENT GROUP, LLC Principal Place of Business

**FILED** Aug 29, 2002 8:00 am Secretary of State

08-29-2002 90081 016 \*\*\*\*50.00

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2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number *59-370 7607* Zip Country Zip Country Certificate of Status Desired 6. Name and Address of Current Registered Agent

Mailing Address

LAKE CITY FL 32055

RT 1 BOX 274

7. Name and Address of New Registered Agent Name

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

Fee Required

Applied For

\$5.00 Additional

Not Applicable

BROWN SR, MARSHALL J RT 1 BOX 274 LAKE CITY FL 32055

RT 1 BOX 274

LAKE CITY FL 32055

City 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. 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)

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

		Due By September 25,	2002			*	
9.	MANAGING MEMBERS/MANAGERS	10.		ADDIT	ONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Marshall J. Brown, Se. DR Rt. 1, Box 274 Lake Crty, FL 32055	elete TITLE NAME STREET ADDRESS CITY-ST-ZIP	marm Bernita Rt.1, Box Lake City,			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chery Francis P.O. Box 159 Line, Oak, FL 32064	elete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				☐ Change	Addition -
NAME STREET ADDRESS CITY-ST-ZIP	Eggs Ladler 30th place 2 No. Mar. FL 33060	NAME STREET ADDRESS CITY-ST-ZIP	. <u>.</u> .	The second second	The second secon	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marm Brown 15358 County Rd. 750 Line Dak. 33060	elete TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ De	olete TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	**************************************	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ce	ITTLE NAME STREET ADDRESS				☐ 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV