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FILED
Jun 11, 2002 8:00 am
Secretary of State

01-21-2002 90057 041 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005472

1. Entity Name

DREAMCATCHERS PRODUCTION L.L.C.

Principal Place of Business

2500 ROBERT TRENT JONES DR. #1035
ORLANDO FL 32835

Mailing Address

2500 ROBERT TRENT JONES DR. #1035
ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FBI Number

59-3681223

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

MELCHIONE, CHERI
 2500 ROBERT TRENT JONES DR. #1035
 ORLANDO FL 32835

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 relinquishing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

~~MANAGER~~ ☐ Delete
 CHERI MELCHIONE
 2500 RT JONES DR #1035
 ORLANDO FL 32835

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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 proprietor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

C. Melchione

1/14/07

CR2003 (001)