

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-22-2002 90234 043 ****50.00

DOCUMENT # L01000005624

1. Entity Name

CRYSTAL IMAGE VIDEO-PRODUCTIONS, L.L.C.

Principal Place of Business

Mailing Address

610 6TH LANE
 GREENACRES FL 33463

610 6TH LANE
 GREENACRES FL 33463

85857

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1108436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FUCHS, LANCE C
 501 S. FLAGLER DR., FLAGLER CNTR., STE 305
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP
 Troy Campana
 610 6th Lane
 Greenacres, FL 33463

TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP
 Carleene Campana
 610 6th Lane
 Greenacres FL 33463

TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4-2-02

361 271-3153

CR2E083 (9/01)