5

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100005624

Entity Name

SIGNATURE:

CRYSTAL IMAGE VIDEO PRODUCTIONS, L.L.C.



FILED Apr 21, 2003 8:00 am Secretary of State

04-2	1-2003	90127	$\cap \cap \aleph$	****50.	Λſ

SCHEMACRES R. 33463 GREENACRES R. 33463 2. Principal Placo of Business Suite, Apt. #, etc. CIV & State City & State Stored Address of New Registrated Agent - Name and Address of New Registrated Agent FUCHS, LANCE C 501 S. FLAGLER DNR, FLAGLER CNTR, STE 305 WEST PALM BEACH FL 33401 City FL Zip Code 8. The above runned only submits this statement for the purpose of changing its registered digner, or both, in the State of Florida. I am hamilar with, and accept the Address of New Registrated Agent FUCH Registered Agent agent and purpose title of the purpose of changing its registered digner of registered agent, or both, in the State of Florida. I am hamilar with, and accept the Address of Registered Agent	Principal Place of Busines	5	Mailing Address									
Suite. Apt #.etc Suite. Apt. #.etc CHECK HERE IF MAKING CHANGES City & State Cay & State Cay & State 4. FEI Number (55-1108436 Nath Applied For Nat Applied For	610 6TH LANE GREENACRES FL 33463										m., m.d., ch4.	
City & State City & State City & State City & State A. FEI Number & St-108436 Applied For Next Applicable Next Applicable Next Applicable Next Applicable Status Desired S	2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Note Applicable Status Desired Sta	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
Zip Country Zip Country 5. Country 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agen	City & State	City & State	City & State		4. FE	03 1100400						
FLCHS, LANCE C 501 S. FLAGER DR., FLAGER CNTR., STE 305 WEST PALM BEACH FL 33401 City FL Zip Code 8. The above named entity submits this statement for the purpose of chenging its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and life a spiricole. SIGNATURE Signava. Space or protect reme of registered agent and life a spiricole. Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS TITLE MARAMA, TROY STREET ADDRESS OTY-ST-2P GREENACRES FL 33483 TITLE MARAMA TROY SIREST ADDRESS STREET ADDRESS S	Zip	Country	Zip	Coun	;гу	5 . Ce	rtificate of S	tatus Desired	T	5.00 Add	ditional	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity subm is this statement for the purpose of changing its registared office or registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent. SIGNATUFIE TOTAL NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS MANAGERS UMPANA, TROY UMPANA, CAREENB UNIT STIP UNIT STIP UMPANA, CAREENB UNIT STIP UNIT ST	6. Name	and Address of Current	Registered Agent			7. ∶Na	me and Add	Iress of New F				
Sol S. RJAGLER DR., FLAGLER CNTR., STE 305 WEST PALM BEACH FL 33401 City FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. In the state of Florida. I am familiar with, and accept the obligations of registered agent age					· Name							
WEST PALM BEACH FL 33401 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered differ or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Tipuanas, Tybed or printed rame of ng televia agent and that a approach. Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS /MANAGERS 10. ADDITIONS / CHANGES ITILE MARPHANA, TROY CAMPANA, TROY CHANGE MARE CHANGES CITY-ST-2P CHO L-TH. LANC CHANGE CAMPANA, CARLEEBB CITY-ST-2P CHANGES CI				_								
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE			R., STE 305		Street Address (P.O. Box Number is Not Acceptable)							
B. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or preted name of ingistered agent and ident it applicable. PICTE Registered Agent signature manifesting) DATE PICTE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS MANAGERS 10. MGR.M. SIRET ADDRESS CITY-ST-2P CAMPANA, TROY Deble TITLE MARE SIRET ADDRESS CITY-ST-2P Deble TITLE MARE MARE SIRET ADDRESS CITY-ST-2P TITLE MARE MARE MARE SIRET ADDRESS CITY-ST-2P TITLE MARE MARE MARE MARE SIRET ADDRESS CITY-ST-2P TITLE MARE	WEST THEM S				ı							
SIGNATURE Symaum, typec or printed "rame of registered agent and dee 8 applicables SNOTE Registered Agent algorithm regulated when remailating) DATE					City				FL	Zip Code	е	
Symmum, typed or printed name of registered layers and took it applicable. INOTE Registrated Apont digratular manufacturing) DATE			or the purpose of changing it	s registere	d office or	registered agen	it, or both, in	the State of Flo	orida. 1 am fan	niliar with,	and accept	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS MANAGERS TITLE MAPANA, TROY SIRET ADDRESS OTV-ST-2P GREENACRES FL 33463 TITLE MAPANA, CARLEEDB MORE OTHER ADDRESS OTY-ST-2P GREENACRES FL 33463 TITLE MAPANA, CARLEEDB MORE OTHER ADDRESS OTY-ST-2P TITLE MAME SIRET ADDRESS OTY-ST-2P TITLE MATAGE Change Chang	SIGNATURE	or printed name of registered agent	and title if applicable (NO	TE: Bagistere	1 Agent signat	ure required when rains	station)		DATE			
Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS ITILE MARK LAMPANA, TROY Delete MANE SIRET ADDRESS OTY-ST-ZIP GREENACRES FL 33463 TITLE MARK LAMPANA, CARLEEND GREENACRES FL 33463 TITLE MARK SIRET ADDRESS OTY-ST-ZIP GREENACRES FL 33463 TITLE MARK SIRET ADDRESS OTY-ST-ZIP TITLE MARK SIRET ADDRESS OTY-	olghatale, typod	Ci printos name or registeros agoria						-				
ITILE LAMPANA, TROY LAMPANA, TROY Delete MARK STREET ADDRESS GITY-ST-ZIP GREENACRES FL 33463 ITILE LAMPANA, CARLEEND GREENACRES FL 33463 TITLE MARK STREET ADDRESS GITY-ST-ZIP TITLE MARK STREET ADDRESS GITY-ST-ZIP TITLE MARK STREET ADDRESS GITY-ST-ZIP TITLE MARK STREET ADDRESS CITY-ST-ZIP TITLE MG-ZIM CATPOUT OF CONTROL Change Addition Addition TITLE MG-ZIM Change Addition TITLE MG-ZIM Change Change Addition TITLE Change Addition TITLE MG-ZIM Change Change Change C			Make Check Payab	le to Flo	orida Dep	partment of S	tate					
AMPANA, TROY STREET ADDRESS CITY-ST-ZIP GREENACRES FL 33463 TITLE MAMPANA, CARLEEND GREENACRES FL 33463 TITLE MAMPANA, CARLEEND GREENACRES FL 33463 TITLE MAME STREET ADDRESS CITY-ST-ZIP	9.	MANAGING MEMBI	ERS/MANAGERS	10.				ADDITIONS	/CHANGES			
AMPANA, TROY STREET ADDRESS CITY-ST-ZIP GREENACRES FL 33463 TITLE MAMPANA, CARLEEND GREENACRES FL 33463 TITLE MAMPANA, CARLEEND GREENACRES FL 33463 TITLE MAME STREET ADDRESS CITY-ST-ZIP	11100		Delete	TITLE		MGRM	^\			Change	☐ Addition	
GREENACRES FL 33463 TITLE MARK LAMPANA, CARLEEND 610 SIXTH LANE GREENACRES FL 33463 TITLE MARK GREENACRES FL 33463 TITLE MARK GREENACRES FL 33463 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME SIREET ADDRESS CITY-ST-ZIP TITLE CHANCE ADDRESS CITY-ST-ZIP TITLE CHANCE ADDRESS CITY-ST-ZIP TITLE CHANCE ADDRESS CITY-ST-ZIP CHANCE ADDRESS CITY-ST-			17/0/10			Campa	naili	roy!				
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY			0,0,0			1.16 t	h 1 /	1 A	randalv	-0551	33463	
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete		CRES FL 33463				0100	Lui	15 16	<u>icei iuci</u>	<u>23.P1</u>		
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete		A CADI CENE	Delete			MGREM	a (10	بهرصاي	يا ص	d Change	Addition	
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete			elete			Campai	nec les	(1 Land 1 1 1 1 1 1 1 1 1 1				
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete						670 67	an win	SPI:	32462	?		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		UNEO 1 E 00-100	Doloto				iacre		<u>ر ۱۲ ر ر</u>		noitibhA 🔲	
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET			□ Delete						_			
TITLE Delete TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE ADDR	STREET ADDRESS											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	CITY-ST-ZIP			CITY-	-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	TITLE		☐ Delete	TITLE						Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Onange Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	NAME			NAM	:							
TITLE Delete TITLE ADDRESS CITY-ST-ZIP CHANGE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI	STREET ADDRESS			STRE	ET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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	CITY-ST-ZIP			CITY-	ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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	TITLE		. Delete							_ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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	NAME		•			÷	•,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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		•										
NAME 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	CHY-SI-ZIP											
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	TITLE		☐ Delete							_ Change		
CITY-ST-ZIP CITY-ST-ZIP 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	NAME CTREET ADDRESS											
indicated on this report is trule and acquiralle 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	STREET ADDRESS CITY-ST-ZIP											
	indicated on this repo	rt is trule and acqurate and	l that my signature shall have	the same	legal effe	ct as if made und	der oath; tha	t I am a mana _!	1 further certify ging member o	that the in or manage	nformation r of the	