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2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State DOCUMENT # L0100006686 03-18-2002 90180 021 ****50.00 1. Entity Name 12TH MAN FILMS L.L.C. Mailing Address Principal Place of Business 6227 ADAMO DRIVE 8227 ADAMO DRIVE **TAMPA FL 33619** TAMPA FL 33619 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 5 9 - 3 City & State Applied For City & State Not Applicable 7in Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALL ROBERT H JR. Street Address (P.O. Box Number is Not Acceptable) 3412 SANTIAGO ST. **TAMPA FL 33629** Zip Code City 3. 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Vice Hesidont Roserb H. Hall Jr. CO-OWNER (Precident) ☐ Change ___ Addition TIFLE TITLE MALIE NAME STREET ADDRESS STREET ADDRESS 3412 SautinGo St. TAUPA, F1, 33619 nce Aue CITY-ST-ZIP CITY - ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Channe ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 limited liability company or the signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the gred to execute this report as required by Chapter 608, Florida Statutes. nd accurate and that my signature shall have 0-07-02 SIGNATURE:

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE