

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90060 005 *****50.00

DOCUMENT # L01000007195

1. Entity Name

ENTERTAINMENT TECHKNOWLEDGY, L.L.C.



Principal Place of Business

**8474 ISLAND PALM CIRCLE
ORLANDO FL 32835**

Mailing Address

**8474 ISLAND PALM CIRCLE
ORLANDO FL 32835**

2. Principal Place of Business

7635 Ashley Park Ct

Suite, Apt. #, etc.

503A

City & State

Orlando FL

Zip **32835**

Country

USA

3. Mailing Address

7635 Ashley Park Ct

Suite, Apt. #, etc.

503A

City & State

Orlando FL

Zip **32835**

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3718577**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMALLEY, WAYNE
1517 E. HILLCREST STREET
ORLANDO FL 32803**

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. 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)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **FRITZ, KANE T**
STREET ADDRESS **8474 ISLAND PALM CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **MGR** ☐ Delete
NAME **~~DEMPSEY~~, MEGHAN M**
STREET ADDRESS **8474 ISLAND PALM CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Change ☐ Addition
NAME **FRITZ, MEGHAN M**
STREET ADDRESS **8474 Island Palm Cir.**
CITY-ST-ZIP **Orlando FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *M. Fritz* SIGNATURE REQUIRED

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

1/17/03

Date

407 532-8220

Daytime Phone #

CR2E083 (10/02)