

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90756 013 ****50.00

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2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007285					
1. Entity Name 1 TO 1 VIDEO PRODUCTIONS, LLC					
Principal Place of Business 12425-28TH ST. N SUITE 102 SAINT PETERSBURG, FL 33716			Mailing Address 12425-28TH ST. N SUITE 102 SAINT PETERSBURG, FL 33716		
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 04-3637296				Applied For ☐ Not Applicable	
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		
SHIMER, JEFF 12425 28TH ST. N SUITE 102 SAINT PETERSBURG, FL 33716			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  4/30/03 Signature (typed or printed name of registered agent or authorized representative) (NOTE: Registered Agent's signature required when applicable)					
					
9. MANAGING MEMBERS/MANAGERS					
TITLE	P	NAME		STREET ADDRESS	
NAME		SHIMER, JEFFREY M		1658 21ST AVE. NORTH	
STREET ADDRESS		SAINT PETERSBURG, FL 33713		SAINT PETERSBURG, FL 33713	
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		NAME		STREET ADDRESS	
NAME		President Jeffrey M. Shimer		11442 Heritage Way	
STREET ADDRESS		hargo, FL 33778		hargo, FL 33778	
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:  4/30/03 (727) 572-6600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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