

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0064765

DOCUMENT # L01000009760

1. Entity Name
URBAN/CIACCIA PICTURES LLC



FILED
2003 AUG 22 AM 11:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
11602 MINNEOLA DRIVE
NEW PORT RICHEY FL 34654

Mailing Address
11602 MINNEOLA DRIVE
NEW PORT RICHEY FL 34654

2. Principal Place of Business
1212 OLD VILLAGE WAY
Suite, Apt. #, etc.

3. Mailing Address
1212 OLD VILLAGE WAY
Suite, Apt. #, etc.

City & State
OLDSMAN, FL

City & State
OLDSMAN, FL

4. FEI Number 43-1978557

Applied For
Not Applicable

Zip Country
34677 Pineales

Zip Country
34677 Pineales

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

CIACCIA, WILLIAM E
11602 MINNEOLA DRIVE
NEW PORT RICHEY FL 34654

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

8-13-03

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME CIACCIA, WILLIAM E
STREET ADDRESS 11602 MINNEOLA DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100022515011
08/22/03--01046--001 **50.00

TITLE MGRM
NAME URBAN, TONY
STREET ADDRESS 110 STOUFFER HILL
CITY-ST-ZIP FRIEDEN PA 15541 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

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

8-19-03

Date

727-642-1433

Daytime Phone #

CR2E083 (10/02)