

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-21-2003 90032 002 ****50.00

DOCUMENT # L01000010127

1. Entity Name

DIGITAL DOOR PRODUCTIONS, LLC



Principal Place of Business

**4008 MAGUIRE BLVD., #5315
ORLANDO FL 32803**

Mailing Address

**4008 MAGUIRE BLVD., #5315
ORLANDO FL 32803**

2. Principal Place of Business

926 Colfax Avenue

3. Mailing Address

926 Colfax Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

Orange

Zip

32789

Country

Orange

6. Name and Address of Current Registered Agent

**KURT FORREST BREWER, P.A.
200 SOUTH ORANGE AVE.
SUNTRUST CENTER, STE. 2300
ORLANDO FL**

7. Name and Address of New Registered Agent

Name **(Same) Kurt Forrest Brewer, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

301 E. Pine Street, Suite 150

Capital Plaza at Lake Eola

City **Orlando**

FL

Zip Code

32801

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 **CHASE, ANTHONY J**
STREET ADDRESS **4008 MAGUIRE BLVD. #5315**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR.** ☒ Change ☐ Addition
NAME **Chase, Anthony J**
STREET ADDRESS **926 Colfax Avenue**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

3-18-03

(407) 467-5955

CR2E083 (10/02)