2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014159

1. Entity Name

H & L PRODUCTIONS LLC



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90048 046 **** 50.00

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		Mailing Address 376 CENTURY DRIVE MARCO ISLAND FL 34145	376 CENTURY DRIVE		No of Tarital and the last tent to the last tent tent to the last tent to the last tent to the last tent tent to the last tent tent tent tent tent tent tent te					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Nun	nber 58-264 195 8	}	 	oplied For ot Applicable	
Zip Country		Zìp	Zip Country		5. Certifica	ate of Status Desired		\$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent					7. Name a	nd Address of New Re	gistered	Agent		
					Name					
	OWICH, LARRAINE J. ¬¬	en grande de la companya de la comp La companya de la companya de	The state of the s		(P.O. Box Num	nber is Not Acceptable)			- (
MARCO ISLAND FL 34145			. }							
				City		<u> </u>		Zip Cod	le	
			L.	,			FL	-		
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										
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		Make Check Payabl	e to Flo	rida Departme	ent of State	ļ				
		Due	e Bv Ma	y 1, 2003	•					
						<u> </u>				
9.	MANAGING MEMBERS/MANAGERS 10.				-	ADDITIONS/	CHANGES	<u> </u>		
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition	
NAME	OLNOWICH, LARRAINE J		NAME							
STREET ADDRESS	376 CENTURY DRIVE		STREET	T ADDRESS					Í	
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-S	ST-ZIP						
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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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE