

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90017 016 ****50.00

DOCUMENT # L01000016542

1. Entity Name

RAVEN MOON HOME VIDEO PRODUCTS, LLC

Principal Place of Business

**120 INTERNATIONAL PARKWAY, SUITE 220
 HEATHROW FL 32746**

Mailing Address

**120 INTERNATIONAL PARKWAY, SUITE 220
 HEATHROW FL 32746**

946818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

55-3750260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**THE BUSINESS LAW GROUP
 455 S. ORANGE AVENUE, SUITE 500
 ORLANDO FL 32801**

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **RAVEN MOON ENTERTAINMENT, INC.**
 STREET ADDRESS **120 INTERNATIONAL PARKWAY, SUITE 220**
 CITY-ST-ZIP **HEATHROW FL 32746**

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

10. ADDITIONS/CHANGES

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

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

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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4/19/02 (407)304-4764

Date

Daytime Phone #

CR2E083 (9/01)