

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90113 043 \*\*\*\*50.00

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**DOCUMENT # L01000016660**

1. Entity Name

**THE POWERHOUSE, LLC**



Principal Place of Business

6355 METROWEST BLVD  
SUITE 290  
ORLANDO FL 32811

Mailing Address

6355 METROWEST BLVD  
SUITE 290  
ORLANDO FL 32811

2. Principal Place of Business

6651 Vineland Rd

3. Mailing Address

← Same

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32819

Country

USA

Zip

Country

4. FEI Number

59-3737647

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAHT, KENNETH  
6355 METROWEST BLVD  
SUITE 290  
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Carol M. Lint

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

6651 Vineland Road

Suite 110

City

Orlando

FL

Zip Code

32819

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

*Carol M. Lint*

3/10/03

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM 2820 DESIGN INC 6355 METROWEST BLVD SUITE 280 ORLANDO FL 32811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUMPF, NOELLE 133 PLAZA DE SONADORES MONTECITO CA 93108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUMPF, CHUCK 133 PLAZA DE SONADORES MONTECITO CA 93108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONVERGENCE FILM & TELEVISION INC 6355 METROWEST BLVD SUITE 290 ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IMAGE DIRECT MARKETING INC 6651 VINELAND ROAD SUITE 170 ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, EDWARD A 207 CLERMONT RD. LAKE MARY FL 32746	<input checked="" type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Carol M. Lint*  
DIRECTOR / VP  
CAROL M. LINT

3/10/03

407.616.1866

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

Date

Daytime Phone #

CR2E083 (10/02)