

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90225 003 ****50.00

DOCUMENT # L01000017401

1. Entity Name

WALM ENTERTAINMENT, LLC

Principal Place of Business

**116 POWELL BLVD.
 SUITE 5204
 DAYTONA BEACH FL 32114**

Mailing Address

**116 POWELL BLVD.
 SUITE 5204
 DAYTONA BEACH FL 32114**

2. Principal Place of Business

3. Mailing Address

PO Box 730071

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

4. FEI Number

01-0562325

Applied For

Not Applicable

Zip

Country

32173-0071

USA

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

**JACKSON, DAMION
 116 POWELL BLVD.
 SUITE 5204
 DAYTONA BEACH FL 32114**

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)

4/10/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **JACKSON, DAMION**
 STREET ADDRESS **116 POWELL BLVD.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **Vice President/MGR** ☒ Change ☐ Addition
 NAME **Damion Jackson**
 STREET ADDRESS **PO Box 730071**
 CITY-ST-ZIP **Ormond Beach, FL 32173-0071**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Vice President/MGR** ☒ Change ☒ Addition
 NAME **John Atanasoski**
 STREET ADDRESS **PO Box 730071**
 CITY-ST-ZIP **Ormond Beach, FL 32173-0071**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

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

Date

Daytime Phone #

4/10/02

(386) 451-6465

CR2E083 (9/01)