

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90015 016 \*\*\*\*50.00

946685

**DOCUMENT #** L01000017579

1. Entity Name

FLORIDA PRODUCTION CENTRAL STUDIOS, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3200 West Oakland Park Blvd.

3. Mailing Address

3200 West Oakland Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

02-0547188

Applied For

Not Applicable

Zip

33311-1245

Country

US

Zip

33311-1245

Country

US

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Tanya L. Bower, Esq.

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

Tripp Scott, P.A.

110 SE 6th Street, 15th Floor

City

Ft. Lauderdale

**FL**

Zip Code

33301

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Florida Production Holdings, LLC 3200 W. Oakland Park Blvd. Ft. Lauderdale, FL 33311-1245	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E083B (12/01)

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:** John Boisseau, Authorized Representative

3/25/02

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

Date

Daytime Phone #