2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017579

SIGNATURE:



SECRETARY OF STATE DIVISION OF CORPORATIONS

8/8/03

Date

954-714-8100

Daytime Phone #

1. Entity Name
FLORIDA PRODUCTION CENTRAL STUDIOS, LLC 03 AUG 13 AM 8: 21 Principal Place of Business Mailing Address 3200 W. OAKLAND PARK BLVD. 3200 W. OAKLAND PARK BLVD. FT. LAUDERDALE, FL. 33311-1245 FT. LAUDERDALE, FL 33311-1245 2. Principal Place of Business 3. Malting Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 02-0547188 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOWER, TANYA L ESQ 110 S.E. 6TH STREET Street Address (P.O. Box Number is Not Acceptable) 16TH FLOOR FT. LAUDERDALE, FL 33301 City Zip Code B. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE Make Checkense and Aug Flent (a) Besauto ent of State Due By May 1, 2003 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. Addition CR2E083 (10/02) TITLE ☐ Change 117 LE Delete 500022287455 FLORIDA PRODUCTION HOLDINGS, LLC NAME NAMÉ 3200 W. OAKLAND PARK BLVD. STREET ADDRESS 08/13/03--01050--003 STREET ADDRESS **50.00 FORT LAUDERDALE, FL 333111245 CITY-ST-ZIP City-S1-2IP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Del ete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TOFF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CAY-ST-ZIP CITY-ST-ZIP [7] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-2IP 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.

John Boisseau, Pres. of MBR

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