

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017584

1. Entity Name
LIGHTS, CABLES, & HEAVY STUFF, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 13 AM 8:25

Principal Place of Business
3200 WEST OAKLAND PARK BLVD
FT. LAUDERDALE, FL 33311-1245

Mailing Address
3200 WEST OAKLAND PARK BLVD
FT. LAUDERDALE, FL 33311-1245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☐ Applied For
☒ Not Applicable

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

BOWER, TANYA L ESQ.
110 SE 6TH STREET, 15TH FLOOR
TRIPP SCOTT, P.A.
FT. LAUDERDALE, FL 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Make Check Payment to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MBR**
STREET ADDRESS **FLORIDA PRODUCTION HOLDINGS, LLC**
CITY-ST-ZIP **3200 W OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 333111245**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *John Boisseau*

John Boisseau, Pres. of MBR 8/8/03 954-714-8100

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

Date

Daytime Phone #

CR2E083 (10/02)