

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

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

04-30-2002 90015 017 \*\*\*\*50.00

**DOCUMENT #** L01000017592

1. Entity Name

SHOOT!, LLC

**DO NOT WRITE IN THIS SPACE**

946684

2. Principal Place of Business  
3200 West Oakland Park Blvd.

3. Mailing Address  
3200 West Oakland Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

4. FEI Number

☒ 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**

**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 West Oakland Park Blvd.  
Ft. Lauderdale, FL 33311-1245

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

CR2E083B (12/01)