

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90123 008 \*\*\*\*50.00

**DOCUMENT # L01000017825**

1. Entity Name  
**IC MEDIA PRODUCTIONS LLC**



Principal Place of Business  
**804 SHELL LANE  
LONGWOOD, FL 32750**

Mailing Address  
**804 SHELL LANE  
LONGWOOD, FL 32750**

2. Principal Place of Business  
**237 North Hunt Club Blvd  
Suite, Apt. #, etc.  
Suite 101**

3. Mailing Address  
**237 North Hunt Club Blvd  
Suite, Apt. #, etc.  
Suite 101**

City & State  
**Longwood, Florida**

City & State  
**Longwood, Florida**

Zip Country  
**32779 USA**

Zip Country  
**32779 USA**

4. FEI Number  
**59-3752285**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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

**LEGALZOOM MEVADA INC  
111 N.E. FIRST STREET  
SUITE 901  
MIAMI, FL 33132**

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

Name **John C. Copeland**  
Street Address (P.O. Box Number is Not Acceptable)  
**804 Shell Lane**  
City **Longwood** **FL** Zip Code **32750**

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

**John C. Copeland**

**8/29/2003**

Signature/Typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☐ Delete  
NAME **COPELAND, JOHN C**  
STREET ADDRESS **804 SHELL LN**  
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **MGRM** ☐ Delete  
NAME **KITZMAN, STEVEN A**  
STREET ADDRESS **1990 WEST LAKE BRANTLEY RD**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

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

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

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

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CITY-ST-ZIP

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 606, Florida Statutes.

**SIGNATURE:**

**John C. Copeland**

**8/29/2003**

**407-774-1110**

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

Date

Daytime Phone #

CR2E083 (10/02)