

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

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90124 043 \*\*\*\*50.00

**DOCUMENT #** LO1000018601 ✓  
**1. Entity Name**  
DOG & BONE PRODUCTIONS, LLC

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**954006**

<b>2. Principal Place of Business</b> 2019 CORPORATE DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2019 CORPORATE DRIVE Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL. 33426		City & State BOYNTON BEACH, FL. 33426	
Zip 33426	Country USA	Zip 33426	Country USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1158004	<b>Applied For</b> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

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IN THIS SPACE**

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

<b>Name</b> KEITH KANOUSE	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2255 GLADES RD, SUITE 324 ATRIUM	
<b>PMB #1070</b>	
<b>City</b> BOCA RATON	<b>FL</b> <b>Zip Code</b> 33431

**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**

<b>9. MANAGING MEMBERS / MANAGERS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT</b> MARC MAGID 2019 CORPORATE DR BOYNTON BEACH, FL. 33426	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VICE PRESIDENT</b> MARC KRAVETS 2019 CORPORATE DRIVE BOYNTON BEACH, FL. 33426	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SECRETARY</b> BRIAN PETRORO 2019 CORPORATE DR BOYNTON BEACH, FL. 33426	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TREASURER</b> MICHAEL WALSH 2019 CORPORATE DR BOYNTON BEACH, FL. 33426	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
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:** \_\_\_\_\_  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**  
4/19/02 (561)732-5263