

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90056 036 \*\*\*\*50.00

**DOCUMENT # L01000018741**

1. Entity Name

**IGUANA PRODUCTIONS GROUP LLC**



Principal Place of Business

1860 N. PINE ISLAND ROAD #107  
PLANTATION FL 33322

Mailing Address

1860 N. PINE ISLAND ROAD #107  
PLANTATION FL 33322

10100000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

19542 Embassy Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

n. miami beach, #1.

City & State

City & State

4. FEI Number 65-1148444

Applied For

Not Applicable

Zip

Country

Zip

Country

33179

USA

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

~~GILINSKY-BACAL, TANIA~~  
10101 COLLINS AVE #3A  
BAL HARBOUR FL 33154

Name

Gilinski-Bacal, Tania

Street Address (P.O. Box Number is Not Acceptable)

19542 Embassy Court

City

North Miami Beach

FL

Zip Code

33179

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

Tania Gilinski

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

(NOTE: Registered Agent signature required when reinstating)

DATE

May 1, 2003

**FILE NOW!!! FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Tania Gilinski  
19542 Embassy Ct  
n. miami beach, FL 33179

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
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:

Tania Gilinski

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

May 1, 2003 305-9925444

Date

Daytime Phone #

CR2E083 (10/02)