

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90090 047 \*\*\*\*50.00

DOCUMENT # L01000019281

1. Entity Name

Death Island Pictures, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

995 17th Avenue North

Suite, Apt. #, etc.

3. Mailing Address

995 17th Avenue North

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Saint Petersburg, FL

City & State

Saint Petersburg, FL

4. FEI Number

593651219

Applied For

Not Applicable

Zip

33704

Country

USA

Zip

33704

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Renegade Films, Inc.

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

995 17th Avenue North

City Saint Petersburg

FL

Zip Code

33704

DO NOT WRITE  
IN THIS SPACE

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  
Renegade Films, Inc.  
995 17th Avenue North  
Saint Petersburg, FL 33704

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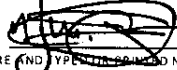
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:



Kerry M. Hogan Vice President, Renegade Films, Inc.

2/5/02

(727) 688-5756

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

Date

Daytime Phone #

CR2E083B (12/01)