

Amended

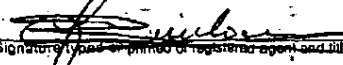
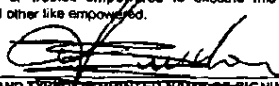
L01000020221

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT #:</b> L01000020221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                      |  |
| <b>1. Entity Name</b><br>BAYSHORE PRODUCTIONS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                      |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                      |  |
| <b>2. Principal Place of Business</b><br>600 SOUTH MAGNOLIA AVE<br>Suite, Apt. #, etc.<br>SUITE 275<br>City & State<br>TAMPA, FL<br>Zip<br>33606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>3. Mailing Address</b><br>600 SOUTH MAGNOLIA AVE<br>Suite, Apt. #, etc.<br>SUITE 275<br>City & State<br>TAMPA, FL<br>Zip<br>33606 |  |
| <b>Country</b><br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Country</b><br>USA                                                                                                                |  |
| <b>4. FEI Number</b><br>01-0559279                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Applied For</b><br>Not Applicable                                                                                                 |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                    |  |
| <b>7. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                      |  |
| Name<br>ANTHONY SULLIVAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                      |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>600 SOUTH MAGNOLIA AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                      |  |
| City<br>TAMPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Zip Code<br>33606                                                                                                                    |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                      |  |
| <b>SIGNATURE</b> <br>Signature typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                     |  | DATE<br>6/16/03                                                                                                                      |  |
| <b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/><br>(See criteria on back)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> \$5.00 May Be Added to Fees                 |  |
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Department of State.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                      |  |
| <b>11. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                      |  |
| <b>TITLE</b> MGRM<br><b>NAME</b> ANTHONY SULLIVAN<br><b>STREET ADDRESS</b> 600 SOUTH MAGNOLIA AVE, STE 275<br><b>CITY - ST - ZIP</b> TAMPA, FL 33606                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                       |  |
| <b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.</b> |  |                                                                                                                                      |  |
| <b>SIGNATURE:</b> <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | DATE<br>6/16/03<br>Daytime Phone #<br>813 254 8585                                                                                   |  |

CR260349 (12/01)