Amended

L01000020221

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUL 11 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #: L01000020221

1. Entity Name
BAYSHORE PRODUCTIONS, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
600 SOUTH MAGNOLIA AVE	600 SOUTH MAGNOLIA AVE
Suite, Apt. #, etc. SUITE 275	Suite, Apt. #, etc. SUITE 275
City & State TAMPA, FL	City & State TAMPA, FL
Zip / Country 33606 / USA	Zip / Country 33606 / USA

4. FEI Number
01-0559279
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ANTHONY SULLIVAN
Street Address (P.O. Box Number is Not Acceptable)
600 SOUTH MAGNOLIA AVE
SUITE 275
City
TAMPA
FL
Zip Code
33606

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 _____ 6/16/03
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE MGRM NAME ANTHONY SULLIVAN STREET ADDRESS 600 SOUTH MAGNOLIA AVE, STE 275 CITY-ST-ZIP TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700015498817 07/11/03--01064--004 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/01)

13. 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 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.

SIGNATURE: _____ 6/16/03 8132548585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2W1140 1.000