

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020442

1. Entity Name

MATRIX STUDIOS, L.L.C.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90202 039 ****50.00

960613



DO NOT WRITE IN THIS SPACE

Principal Place of Business

226 NORTH NOVA ROAD
SUITE 314
ORMOND BEACH FL 32174

Mailing Address

226 NORTH NOVA ROAD
SUITE 314
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3759487

Applied For

Not Applicable

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

RISPOLI, LISA D
226 NORTH NOVA ROAD
SUITE 314
ORMOND BEACH FL 32174

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MGRM	Michael J. Urban	1316 Beacon St		
			New Smyrna Bch FL 32169		
	MGRM	Lisa D. Rispoli	8 Indian Tr		
			Ormond Bch FL 32174		
	MGRM	Michael Rispoli	8 Indian Tr		
			Ormond Beach FL 32174		
	MGR	Linda Tipper	8 Indian Tr		
			Ormond Beach FL 32174		

CR2E083 (9/01)

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: Michael Rispoli

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

4-20-02 386-671-0551

Date

Daytime Phone #