

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90266 013 ****55.00

DOCUMENT # L01000022800

1. Entity Name

LEGACY PRODUCTIONS GROUP, LLC

DO NOT WRITE IN THIS SPACE

967089

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6406 BLUE BAY CIRCLE

3. Mailing Address
6406 BLUE BAY CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number
77-0590558

Applied For
Not Applicable

Zip
33467

Country
USA

Zip
33467

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ARNOLD A. BROUSSARD

Street Address (P.O. Box Number is Not Acceptable)
6406 BLUE BAY CIRCLE

City LAKE WORTH FL Zip Code 33467

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 Arnold A. Broussard ARNOLD A. BROUSSARD 4/31/2002
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
M
ARNOLD A. BROUSSARD
6406 BLUE BAY CIRCLE
LAKE WORTH, FL 33467

TITLE
NAME
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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: Arnold A. Broussard ARNOLD A. BROUSSARD 4/31/2002 975-7777 (954)

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

Date

Daytime Phone #

CR2E083B (12/01)