

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90026 015 \*\*\*\*50.00

**DOCUMENT # L02000005172**

1. Entity Name  
**OPEN WINDOW PRODUCTIONS, L.L.C.**



Principal Place of Business

**3986 TARIAN COURT  
PALM HARBOR FL 34684**

Mailing Address

**23 EAST TARPON AVE.  
TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address

**31940 U.S. Hwy 19**

Suite, Apt. #, etc.

**27 E. ORANGE STR.**

City & State

**Palm Harbor, FL**

Zip

**34684**

Country

**U.S.**

4. FEI Number

**74-3030972**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N ESQ.  
23 EAST TARPON AVE.  
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name

**Daniel F. Johnson, CPA**

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

**27 E. ORANGE STR.**

**DANIEL F. JOHNSON, C.P.A.**

City

**TWIN LAKES PLAZA**

**FL**

Zip Code

**31940 US HWY 19 N.**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Daniel F. Johnson CPA*

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SHARPE, LYNN ANNE  
3986 TARIAN COURT  
PALM HARBOR FL 34684** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SHARPE, FRANK J  
3986 TARIAN COURT  
PALM HARBOR FL 34684** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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:

*Frank J. Sharpe*

**3-6-03**

**(727) 789-6302**

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

Date

Daytime Phone #

CR2E083 (10/02)