2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200005172

1. Entity Name

SIGNATURE:

OPEN WINDOW PRODUCTIONS, L.L.C.



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90026 015 ****50.00

(727) 789-6302

2. Principal Place of Business 3. Mailing Address 3.1 Yu V V. Huw I 9 Suite, Ant. F. etc. City & State City &					E-in-			
### AMERICA FL 34684 American Service American	Principal Place	e of Business	Mailing Address					
Suite Apt # etc. Suite Apt # etc. Suite Apt #	3986 TARIAN COURT PALM HARBOR FL 34684			89 .				
Suite Apt # etc. Suite Apt # etc. Suite Apt #								
Suite, Act, F, etc. Suite Cluck Healt of State Change Applied For Applied	2. Principal P	lace of Business	· ·					
City & State Country Zip Zip Country Zip								
Zip Country Zip Country St. Certificate of Status Desired St. 00 Additional Feb. Roquinod St. 00 Additional Feb. Roquinod St. 00 Additional Feb. Roquinod Feb. Roquino	Suite, Apt.	#, etc.	27 E. 6	PANGE				
R. Name and Address of Current Registered Agent NUMIS, GEORGE N ESO. 35 EAST TARPON AVE TARPON SPRINGS FL 34689 DANIEL F. JOHNSON, C.P.A. City JUNE LARKES JUNE SUBJECT STATE AND SPRINGS FL 34689 DANIEL F. JOHNSON, C.P.A. City JUNE LARKES JUNE SUBJECT STATE AND SPRINGS FL 34689 DANIEL F. JOHNSON, C.P.A. City JUNE LARKES JUNE SUBJECT STATE AND SPRINGS FL 34689 DANIEL F. JOHNSON, C.P.A. City JUNE LARKES JUNE SUBJECT STATE AND SPRINGS FL 34689 DANIEL F. JOHNSON, C.P.A. City JUNE LARKES JUNE SUBJECT STATE AND SPRINGS FL 34684 END STATE AND SPRINGS FL 34684 FL ZID Code THE NOW!!! FEE IS \$50.00 Make Check Psyablede Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS THE NOW!! FEE IS \$50.00 Make Check Psyablede Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS THE NOW!! FEE IS \$50.00 Make Check Psyablede Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS THE NOW!! FEE IS \$50.00 Make Check Psyablede Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS THE NOW!! FEE IS \$50.00 Make Check Psyablede Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS THE NOW: FIRE NOW: FI	City & State	•	1 - 1	, FL				• /
S. Name and Address of Current Registered Agent KLIMS, GEORGE N ESO. 32 STAT PARPON ATC: TAPPON SPRINGS FL 34689 DANNEL F. JOHNSON, C.P.A. City PVINT LAKES PLLZA FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registrated agent. SIGNATURE SIGNATURE FILE NOW!! FEE IS \$50.00 Make Check Payabletos Portion Department of State Due By May 1, 2003 9. MANAGYNG MEMBERS / MANAGERS MARK Check Payabletos Florida Department of State Due By May 1, 2003 9. MANAGYNG MEMBERS / MANAGERS TILE NOW!! FEE IS \$50.00 Make Check Payabletos Florida Department of State Due By May 1, 2003 9. MANAGYNG MEMBERS / MANAGERS TILE NOW! SHAPPE, LYNN ANNE Delete TILE NOW! MARK SHAPE, LYNN ANNE SHAPPE, FRANK J SIREF ADDRESS CITY-57-2P PALM HARBOR FL 34684 TILE MOR SHAPPE, FRANK J SIREF ADDRESS CITY-57-2P PALM HARBOR FL 34684 TILE MOR SHAPPE, FRANK J SIREF ADDRESS CITY-57-2P TILE Delete TILE SIREF ADDRESS CITY-57-2P TILE SIREF	Zip	Country			5. Certific	cate of Status Desired		
NLIMIS, GEORGE N ESO. 2 EAST TARPON SPRINGS FL 34689 DANIEL R. JOUINSON, C.P.A. City S1940 US HVY 19 N. FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered office o		6. Name and Address of Current			7. Name	and Address of New Re	<u>·</u>	
Surgulations (PC). Bit Name (Post	VI II			Name	167	al . Dr		
### DANKEL R. JOHNSON, C.P.A. City 31940 US HWY 19 N FL Zip Code		•		Street A	adress (20) Box Ny	mberis Not Acceptable)	CTA	
B. The above named entity submits this statement for the purpose of changing its registered office or registated Agent agents. SIGNATURE SIGN					FE. G	KANDE	ore.	
8. The above named entity submits this statement for the purpose of changing its registered office or iso MANI HARDOR FD INCRESS. SIGNATURE Separating byte or primed name of inquising size of indical. I am familiar with, and accept the obligations of registered agent. Signature Separating byte or primed name of inquising size of indical. I am familiar with, and accept the obligations of registered agent. Signature Separating byte or primed name of inquising size of indical. I am familiar with, and accept the obligations of registered agent. Signature Separating byte or primed name of inquising size of indical. I am familiar with, and accept the obligations of registered agent.					DANIEL F. JOI	HNSON, C.P.A.		
B. The above named entity submits his statement or the purpose of changing its registered office or isoMAM #ARDOR: \$1. page of Florids. I am familiar with, and accept the colligations of registered again. SIGNATURE Signature Spirits or printed mank of registering signary and the ill application. **NOTE: Registered Again agreement of State Due By May 1, 2003 **NOTE: Registered Again agreement of State Due By May 1, 2003 **SETE AGAINST OUT TO Be Set The Change Addition State Due By May 1, 2003 **SETE AGAINST OUT TO ST-ZP ADDITIONS/CHANGES TILL ADDITIONS/CHANGES Addition State Due By May 1, 2003 **SETE AGAINST OUT TO ST-ZP ADDITIONS/CHANGES ADDITIONS/CHANGES Addition State Due By May 1, 2003 **SETE AGAINST OUT TO ST-ZP ADDITIONS/CHANGES ADDITIONS/CHANGES Addition State Due By May 1, 2003 **SETE AGAINST OUT TO ST-ZP ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES Addition State Addi				City	31940 ils 1	ES PLAZA	FL Zip Co	ode
SIGNATURE Signature (spike or prired harm's of registed August april and site if registed August april and site in the site in th	8. The above	named entity submits this statement for	or the purpose of changing its	s registered office o	register HARBO	Moth fin the State of Flor	ida. I am familiar with	n, and accept
Synamous (nyther or printed name of registratife separated label supplicable. Fill EN OW!!! FEE Is \$50.00	the obligati	ions of registered agent.					•	
FILE NOW!!! FEE IS \$50.00 Make Check Payable-to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANACERS 10. ADDITIONS / CHANGES TITLE NAME SHARRE, LYNN ANNE STREET ADDRSS SITE TADRSS STREET ADDRSS STREET ADDRSS STREET ADDRSS STREET ADDRSS STREET ADDRSS CITY-51-2IP STREET ADDRSS	SIGNATURE .	Xantotilo	hum CPA				DATE	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR SHARPE, LYNN ANNE SHERF ADDRESS OLLY-ST-ZIP TITLE MGR SHARPE, LYNN ANNE SHERF ADDRESS OLLY-ST-ZIP TITLE MGR Delate SHARPE, FRANK J SHERF ADDRESS OLLY-ST-ZIP TITLE MGR SHARPE, FRANK J SHERF ADDRESS OLLY-ST-ZIP TITLE MGR SHARPE, FRANK J SHERF ADDRESS OLLY-ST-ZIP TITLE MAME SHARPE, FRANK J SHERF ADDRESS OLLY-ST-ZIP TITLE MAME SHERF ADDRESS OLLY-ST-ZIP TITLE SHARPE, FRANK S SHERF ADDRESS OLLY-ST-ZIP TITLE SHARPE SHERF ADDRESS OLLY-ST-ZIP TITLE SHERF ADD		Signature typied or printed name of registered agent			· · · · · · ·	,	DAIE	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGR SHAPPE, LYNN ANNE STREET ADDRESS CITY-ST-2P NAME SINEET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE TITLE NAME STREET ADDRESS CITY-ST-2P TITLE TI			i i					
S. MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHANGES ITILE MGR Delate ITILE Addition SHARPE, LYNN ANNE SHERT ADDRESS CITY-ST-2IP PALM HARBOR FL 34684 CITY-ST-2IP STREET ADDRESS CITY-ST-2IP STREE						1		
TITLE MGR SHARPE, LYNN ANNE STREET ADDRESS STREET ADDRESS COTY-ST-ZIP STREE		MANUACINIC MEMPI				ADDITIONS (CHANGES	
NAME SHARPE, LYNN ANNE 3986 TARIAN COURT PALM HARBOR FL 34684 CITY-ST-ZIP MGR SHARPE, FRANK J 3986 TARIAN COURT STREET ADDRESS CITY-ST-ZIP TITLE NAME SHARPE, FRANK J 3986 TARIAN COURT 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 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					,	ADDITIONS	·	Addition
CITY-ST-ZIP MGR SHAPPE, FRANK J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM	NAME	SHARPE, LYNN ANNE	Boldo				_ `	_
MGR SHARPE, FRANK J 3986 TARIAN COURT PALM HARBOR FL 34684 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZI	STREET ADDRESS	3986 TARIAN COURT	,	STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL	CITY-ST-ZIP			CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-ZIP TITLE Delete Delete TITLE Delete	TITLE		☐ Delete				☐ Change	Addition
CITY-ST-ZIP PALM HARBOR FL 34684								
TITLE								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES		FALM HANDON PL 34004	□ n-t-+-				☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT				1			- Control of mange	I Induntyii.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET								·
NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET	CITY-ST-ZIP			CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE			☐ Change	Addition
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 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information	NAME			NAME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information	STREET ADDRESS		•					
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information	CITY-ST-ZIP			CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information	TITLE	•	☐ Delete				∐ Change	: Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information								
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information								
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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			☐ Delete	_			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 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			, Delete				cungo	
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	STREET ADDRESS		•	STREET ADDRESS				
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	CITY-ST-ZIP			CITY-ST-ZIP				
	11. I hereby o	ertify that the information supplied with	h this filing does not qualify fo	or the exemption sta	ted in Section 119.07	'(3)(i), Florida Statutes. I	further certify that the	information