

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0004470

DOCUMENT # L02000007197

1. Entity Name

NEW FEATURE FILMS, L.L.C.



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address
999 DOUGLAS AVENUE, SUITE 3333 999 DOUGLAS AVENUE, SUITE 3333
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714

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 ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent
SALFI, DOMINICK J
999 DOUGLAS AVENUE, SUITE 3333
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 ☐ Delete
MGR. John Higgins
STREET ADDRESS 1717 Delaney Avenue
CITY-ST-ZIP Orlando, FL 32808
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
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CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300017895743
CITY-ST-ZIP 05/02/03--01054--015 **50.00
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
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 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: _____

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

4/29/03

Date

Daytime Phone #

CR2E083 (10/02)