FILED
Jun 02, 2003 8:00 am
Secretary of State
05-02-2003 90588 046 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000009415

1. Entity Name
DLR PRODUCTIONS, LLC

44003038

Principal Place of Business	Mailing Address
P.O. BOX 661011 MIAMI SPRINGS FL 33266	P.O. BOX 661011 MIAMI SPRINGS FL 33266

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
640 SE 1st Street	640 SE 1st ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State: Hialeah, FL
Zip: 33010 Country: U.S.A.	Zip: 33010 Country: U.S.A.

4. FEI Number: 01-0706530 ☐ 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
A1A CORPORATE SERVICES INC. 218 SOUTHERN COUNTRY LANE QUINCY FL 32351	Name: Lourdes Richter Street Address (P.O. Box Number is Not Acceptable): 640 SE 1st STREET City: Hialeah FL Zip Code: 33010

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: Lourdes M Richter (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 5/28/03

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LONG, DON E P.O. BOX 661011 MIAMI SPRINGS FL 33266	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DIAN HARRIS 640 SE 1ST. Street Hialeah, FL 33010	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RICHTER, LOURDES M P.O. BOX 661011 MIAMI SPRINGS FL 33266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Lourdes Richter 640 SE 1ST Street Hialeah, FL 33010	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: Lourdes M Richter ...IRED (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date: 4/28/03 Daytime Phone #: 305-526-7310