

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90317 032 ****50.00

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DOCUMENT # L02000009786 1. Entity Name FOX PRODUCTIONS, LLC					
Principal Place of Business 726 SW BALMORAL TRACE STUART, FL 34997 US			Mailing Address 726 SW BALMORAL TRACE STUART, FL 34997 US		
2. Principal Place of Business Suite, Apt. #, etc. 726 SW Balmoral Trace City & State _____		3. Mailing Address Suite, Apt. #, etc. 726 SW Balmoral Trace City & State _____		02142004 Chg-LLC CR2E083 (10/03)	
Zip _____		Country _____		4. FEI Number 32-0011567	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FOX, THOMAS B 726 SW BALMORAL TERR STUART, FL 34997			7. Name and Address of New Registered Agent Name Patricia Fox Street Address (P.O. Box Number is Not Acceptable) 726 SW Balmoral Trace City Stuart FL Zip Code 34997		
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 <u>Patricia Fox mgr/member 2/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revalidating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP FOX, THOMAS 726 SW BALMORAL STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STG FOX, PATRICIA 726 SW BALMORAL TERR TRACE STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr/member Fox, Patricia 726 SW Balmoral Trace Stuart, FL 34997
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Patricia Fox</u> Patricia Fox, Mgr/member 2/23/04. 172-283-0376 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					