

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90027 010 ****50.00

DOCUMENT # L02000009786

1. Entity Name
FOX PRODUCTIONS, LLC



Principal Place of Business

~~7774 S.E. LANHAM STREET~~
~~HOBE SOUND FL 33455~~
US

Mailing Address

~~P.O. BOX 126~~
~~HOBE SOUND FL 33475~~
US

2. Principal Place of Business

726 SW Balmoral Trace
Suite, Apt. #, etc.

3. Mailing Address

726 SW Balmoral Trace
Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

32-0011567

Applied For

Not Applicable

Zip

Country

34997

USA

Zip

Country

34997

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FOX, THOMAS B
~~7774 S.E. LANHAM STREET~~
~~HOBE SOUND, FL 33455~~

7. Name and Address of New Registered Agent

Name **Fox, Thomas B.**
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 *Thomas B. Fox*
Signature, typed or printed name of registered agent and title if applicable.

Thomas B. Fox

(NOTE: Registered Agent signature required when reinstating)

2/29/03
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 **President / MGRM** ☐ Delete
NAME **Thomas B. Fox**
STREET ADDRESS **726 SW Balmoral Trace**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE **Secretary-Treasurer/MGRM** ☐ Delete
NAME **Patricia B. Fox**
STREET ADDRESS **726 SW Balmoral Trace**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: *Thomas B. Fox*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/ /03
Date

561-777-1007
Daytime Phone #

CR2E083 (10/02)