

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90111 018 \*\*\*\*50.00

**DOCUMENT # L02000015388**

1. Entity Name  
**ALPINE PRODUCTIONS, LLC**



Principal Place of Business

**11327 ISLE OF WATERBRIDGE  
202  
ORLANDO FL 32837**

Mailing Address

**PO BOX 770455  
ORLANDO FL 32877-0455**

2. Principal Place of Business

**1743 PARK CENTER DRIVE**

3. Mailing Address

**P.O. BOX**

Suite, Apt. #, etc.

**SUITE 450**

Suite, Apt. #, etc.

**770455**

City & State

**ORLANDO, FLORIDA**

City & State

**ORLANDO, FLORIDA**

Zip

**32835**

Country

**USA**

Zip

**32877-0455**

Country

**USA**

4. FEI Number

**42-1541817**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALEKSIC, DANIEL  
11327 ISLE OF WATERBRIDGE  
202  
ORLANDO FL 32837**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **PROD** ☐ 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PRODUCER/CEO** ☐ Change ☒ Addition  
NAME **DANIEL ALEKSIC**  
STREET ADDRESS **11327 ISLE OF WATERBRIDGE #202**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32837**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **XIOMARA ALEKSIC**  
STREET ADDRESS **11327 ISLE OF WATERBRIDGE #202**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32837**

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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STREET ADDRESS  
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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:

**DANIEL ALEKSIC**

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

**01/07/2003**

Date

**407-290-6600**

Daytime Phone #

CR2E083 (10/02)