

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90061 049 ****50.00

DOCUMENT # L02000016016

1. Entity Name
ANIMAGUS DESIGN, LLC



Principal Place of Business
1624 ALTON ROAD
VENICE FL 34293

Mailing Address
1624 ALTON ROAD
VENICE FL 34293

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

54-2064823

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DAVID W. STOLTZNER, P.L.
4140 WOODMERE PARK BLVD., SUITE 4
VENICE FL 34293

7. Name and Address of New Registered Agent

Name **James L. Converse**
Street Address (P.O. Box Number is Not Acceptable)
1624 Alton Rd.
City **Venice** FL Zip Code **34293**

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 James L. Converse MGRM James L. Converse, MGRM 4/30/03
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	Director, Digital Design	<input type="checkbox"/> Delete
NAME	James Converse	
STREET ADDRESS	1624 Alton Rd.	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	Director, Embedded Design	<input type="checkbox"/> Delete
NAME	Don Puccio	
STREET ADDRESS	316 Hammock Terrace	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	Director, Software Design	<input type="checkbox"/> Delete
NAME	Vince Reynolds	
STREET ADDRESS	1314 NW Irving St. #210	
CITY-ST-ZIP	Portland, OR. 97209-2722	
TITLE	Director, Analog Design	<input type="checkbox"/> Delete
NAME	Don Vander Sluis	
STREET ADDRESS	4138 Central Sarasota Pkwy, #1528	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	Director, Systems Integration	<input type="checkbox"/> Delete
NAME	Lars Zachariasen	
STREET ADDRESS	5172 Birch Ave	
CITY-ST-ZIP	Sarasota, FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Converse	
STREET ADDRESS	1624 Alton Rd.	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Puccio	
STREET ADDRESS	316 Hammock Terrace	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vince Reynolds	
STREET ADDRESS	1314 NW Irving St. #210	
CITY-ST-ZIP	Portland, OR. 97209-2722	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Vander Sluis	
STREET ADDRESS	4138 Central Sarasota Pkwy, #1528	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lars Zachariasen	
STREET ADDRESS	5172 Birch Ave	
CITY-ST-ZIP	Sarasota, FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: James L. Converse James L. Converse 4/30/03 941-493-0790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)