2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # I 0200017146



FILED Feb 24, 2003 8:00 am Secretary of State

1. Entity N	TTI PRODUCTIONS LLC	717140	The state of the s		02-24-2003 90052 011 ****50.00	
Principal Pi	ace of Business	Mailing Address			1	
4131 NE 29TH AVENUE FT. LAUDERDALE FL 33308		4131 NE 29TH AVENUE FT. LAUDERDALE FL 33308				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	•••
City & State		City & State		-	4. FEI Number Applied F 68-0524789 Not Applie	
Zip	Country	Zip	Country		5. Certificate of Status Desired 55.00 Additional	<u>zable</u>
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
\AII	JI EE DICHADO C ECO		Nan	ne	or real parties and real strategy and real strat	
\ \ \	OLFE, RICHARD C.ESQ	يسره يمسيني والمحار المدعين	- -		The second secon	
2 9	SOUTH BISCAYNE BLVD., SUITE 24 AMI FL 33131	00	Stre	et Address (F	P.O. Box Number is Not Acceptable)	
IVILE	Am 1 E 00 10 1		City			_
© The observed of			City		FL Zip Code	
the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing i	ts registered offic	e or registere	ed agent, or both, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NC	OTE: Registered Agent si	gnature required w	When reinstation	
			OW!!! FEE IS		When reinstating) DATE	
		Make Check Payal	ble to Florida I	Department	t of State	1
			ue By May 1, 2	003		
9. TITLE	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANGES	
NAME	PRESIDENT/ OPETATION	S 145 Delete	TITLE		☐ Change ☐ Add	ition
STREET ADDRESS	RICHARDS. GORE		NAME	_	· —	
CITY-ST-ZIP	PT. LAUDCLOALE, FL 3	3308	STREET ADDRES	is		1
TITLE	Secretary	☐ Delete		_		
NAME	DAVID Spangler	C Delete	TITLE NAME		☐ Change ☐ Addi	tion
STREET ADDRESS	1600 NE 181 Ave		STREET ADDRES	s		
CITY-ST-ZIP	FI. LAUDERDALE, FL	33305	CITY-ST-ZIP			1
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CITY-ST-ZIP		•	STREET ADDRESS	S	and the second s	
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NAME		☐ Delete	TITLE		☐ Change ☐ Addit	ion
STREET ADDRESS			NAME Street address	,		
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NAME		Dolotto	NAME		☐ Change ☐ Addit	ion (
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TREET ADDRESS			NAME		C onange Adolis	лі [
			STREET ADDRESS			- }
TY-ST-ZIP			CITY OF 71D			

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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.