

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90110 014 ****50.00

DOCUMENT # L02000020433

1. Entity Name

FROGMEN COMICS, LLC



Principal Place of Business

330 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750

Mailing Address

330 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750

2. Principal Place of Business

220 East Central Parkway

3. Mailing Address

220 East Central Pkwy

Suite, Apt. #, etc.

Suite 1020

Suite, Apt. #, etc.

Suite 1020

City & State

Altamonte Sp. FL

City & State

Altamonte Sp. FL

Zip

32701

Country

US

Zip

32701

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

54 2067622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FL
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

JACK W. DICKS

Street Address (P.O. Box Number is Not Acceptable)

220 East Central Parkway

Altamonte Sp. FL Suite 1020

City

Altamonte Sp. FL

State

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

JACK DICKS

4/15/03

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 MGR
NAME DICKS, J.W.
STREET ADDRESS 330 CROWN OAK CENTRE DRIVE
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

JACK DICKS, Manager

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

4/15/03

Date

407 375 4141

Daytime Phone #

CR2E083 (10/02)