

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90022 009 ****50.00

DOCUMENT # L02000026906

1. Entity Name

MARLOW PRODUCTIONS, L.L.C.



Principal Place of Business
**1733 FARMINGTON CIRCLE
WEST PALM BEACH FL 33414**

Mailing Address
**1733 FARMINGTON CIRCLE
WEST PALM BEACH FL 33414**



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

06-1651484

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHOFSTALL, WILLIAM G JR
828 SQUIRE DRIVE
WEST PALM BEACH FL 33414**

7. Name and Address of New Registered Agent

Name **Jody Marlow**

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

1733 Farmington Cir.

City **wellington**

FL

Zip Code **33414**

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

2/5/03

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** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

**Jody Marlow
1733 Farmington Cir.**

TITLE **wellington fl.** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

**vice president
Earleen S. Carey - Marlow**

TITLE **same address as above** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

**secretary
Valen Marlow**

TITLE **same address as above** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

same address as above

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

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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:

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

Date

Daytime Phone #

2/5/03

CR2E083 (10/02)