

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027098

FILED
Apr 30, 2004
Secretary of State

Entity Name: E NOX PRODUCTIONS, LLC

Current Principal Place of Business:

8401 9TH STREET NORTH, SUITE #250
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

8401 9TH STREET NORTH, SUITE #250
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 57-1138282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWEN, MICHAEL E
190 112TH AVE N
#1616
SAINT PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

BOWEN, MALCOLM E
5811 SOUTH 2ND STREET
TAMPA, FL 33611 US

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.

SIGNATURE: MALCOLM BOWEN

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BOWEN, MALCOLM E
Address: 9190 112TH AVENUE NORTH, APT. #1616
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM () Delete
Name: KELLER, STEPHANIE
Address: 190 112TH AVE N #1616
City-St-Zip: SAINT PETERSBURG, FL 33716

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOWEN, MALCOLM E
Address: 5811 SOUTH 2ND STREET
City-St-Zip: TAMPA, FL 33611

Title: MGRM (X) Change () Addition
Name: BOWEN, STEPHANIE
Address: 5811 SOUTH 2ND STREET
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MALCOLM BOWEN

MGRM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date