2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

FILED Jun 02, 2003 8:00 am Secretary of State

ONITONI BOSINESS REPONT (OBN)							04-30	-2003 90175	038 ***	**50.00	
DOCUMENT # L02000027098 1. Entity Name E NOX PRODUCTIONS, LLC							04-30	-2003 90173	, 036	30.00	
}							**				
Principal Place of Business 8401 9TH STREET NORTH, SUITE #250 ST. PETERSBURG FL 33702		Mailing Address 8401 9TH STREET NORTH, SUITE \$250 ST. PETERSBURG FL 33702				44003161					
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2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apr. #, etc.				DEHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number 57-1/38282		 2	Applied For Not Applicable		7
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired			\$5.00 Additions		7	
	6. Name and Address of Current	Registered Agent		T	<u> </u>	7. Name an	d Address of I	low Registered		1	┪
		Name	n 4.1 A					1	7		
FLORIDA AGENT SERMCES, INC.					Street Address (P.O. Box Number is Not Agceptable)						
	1 BRICKELL AVENUE, SUITE #900 MI FL 33131	, ,		Street Ac	90 /	12dt A	VE N	# 16/0	<u>,</u>	 	4
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				City 57	Yel	JABUL	<u> </u>	FL]
8. The above the obligat	named entire submits this statement for tions of registered agent	the purpose of changing its	register	ed office or	registered	d agent, or bi	oth, in the State	of Florida. Lam	familiar with	and accept	
SIGNATURE /Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algreture required								7/CP/DATE			1
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9.	MANAGING MEMBER		10.				ADDIT	ONS/CHANGES		<u> </u>	-}
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11. I hereby o	certify that the information supplied with t	his filing does not qualify for	the exer	nption state	d in Secti	ion 119.07(3)	(I), Florida Stati	ites, I further cer	tify that the	riformation	}
indicated	on this report is true and accurate and the bility company or the requirer or husteen	nat my signature shall have th	ne same	legal effect	t as if mad	de under oatt	i: that I am a m	anaging membe	r or manage	er of the	•