


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90175 038 ****50.00

DOCUMENT # L02000027098

1. Entity Name
E NOX PRODUCTIONS, LLC



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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

6. Name and Address of Current Registered Agent
**FLORIDA AGENT SERVICES, INC.
1221 BRICKELL AVENUE, SUITE #900
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name **MALCOLM E. BOWEN**
Street Address (P.O. Box Number is Not Acceptable) **190 112TH AVE N. #1616**
City **ST. PETERSBURG** FL **33716**

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  DATE **4/28/03**

(NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWEN, MALCOLM E 9190 112TH AVENUE NORTH, APT. #1616 ST. PETERSBURG FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHANIE KELLER 190 112TH AVE. No. #1616 ST. PETE, FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE **4/24/03** (813) 416-1632

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

44003161



☒ CHECK HERE IF MAKING CHANGES

CP20083 (10/02)