

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90182 008 ****50.00

DOCUMENT # L02000028590

1. Entity Name

KO PICTURES LLC



Principal Place of Business

**2003 TED HINES CT.
TALLAHASSEE FL 32308**

Mailing Address

**2003 TED HINES CT.
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

P.O. Box 532

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE, FL

Zip

Country

Zip

Country

32302-0532

U.S.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'DONNELL, KEVIN
2003 TED HINES CT.
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

~~O'DONNELL, KEVIN~~ NO

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

CHANGE

~~P.O. Box 532~~

City

~~TALLAHASSEE~~

FL

Zip Code

~~32302~~

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

Kevin O'Donnell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/13

DATE

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MANAGING MEMBER
KEVIN J. O'DONNELL
P.O. Box 532
TALL., FL 32302-0532**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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:

Kevin O'Donnell

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

4/19/13

Date

Daytime Phone #

CR2E083 (10/02)