

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-10-2003 90110 027 ****50.00

DOCUMENT # L02000028958

1. Entity Name

FAT PAT PRODUCTIONS, LLC



Principal Place of Business

Mailing Address

C/O GREGORY J. DOBY
16105 VILLARREAL DE AVILA
TAMPA FL 33613

C/O GREGORY J. DOBY
16105 VILLARREAL DE AVILA
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0751146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, JAMES W
400 NORTH TAMPA STREET, STE. 2300
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE: CHAIRMAN
NAME: GREGORY J. DOBY
STREET ADDRESS: 16105 VILLARREAL DE AVILA
CITY-ST-ZIP: TAMPA, FL 33613

☐ Delete

TITLE: PRESIDENT
NAME: ELIZABETH GONZALEZ
STREET ADDRESS: 4313 COLUMBINE DR.
CITY-ST-ZIP: AUSTIN, TX 78727

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TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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10. ADDITIONS/CHANGES

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change

☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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☐ Addition

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NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ 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: _____

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

2-6-03

Date

8139083683

Daytime Phone #

CR2E083 (10/02)