5/2/2003-90573-011-$55.00-$55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT -1 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[redacted]

DOCUMENT # L02000029061

1. Entity Name
CINEANY PRODUCTIONS LTD. CO.

Principal Place of Business	Mailing Address
2100 SOUTH CONWAY ROAD, EN-7 ORLANDO FL 32812	2100 SOUTH CONWAY ROAD, EN-7 ORLANDO FL 32812

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2100 S. Conway Rd.	2100 South Conway Rd.
Suite, Apt. #, etc.: N-7	Suite, Apt. #, etc.: N-7
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32812 Country: USA	Zip: 32812 Country: USA

4. FEI Number: 30-0196064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CANCEL, ANICERIS 2100 SOUTH CONWAY ROAD, #N-7 ORLANDO FL 32812	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		10. ADDITIONS/CHANGES	
TITLE	President / managing member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Aniceris Cancel	NAME	
STREET ADDRESS	2100 S. Conway Rd #N-7	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32812	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: Aniceris Cancel April 30, 2003 407-963-1779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #