2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED

03 AUG 15 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030250

1. Entity Name

VOCAL GROUP, LLC

Principal Place of Business	Mailing Address
6651 VINELAND ROAD, SUITE 170 ORLANDO FL 32819	6651 VINELAND ROAD, SUITE 170 ORLANDO FL 32819

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
LINT, CAROL M 6651 VINELAND ROAD, SUITE 170 ORLANDO FL 32819	Name [redacted] 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM IMAGE DIRECT DEVELOPMENT 6651 VINELAND ROAD, SUITE 170 ORLANDO FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM/COO CAROL M LINT 8306 WILSHIRE BLVD #1046 BEVERLY HILLS, CA 90211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HOLLIDAY, RONALD P.O. BOX 11687 MARINA DEL RAY CA 90295	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive VP Steve Baker PO Box 22163 Lake Buena Vista, FL 3283	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ISIS PICTURES, INC. PO BOX 22163 LAKE BUENA VISTA FL 3283	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800022344848 08/15/03--01034--005 **125.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM 2820 DESIGN 120 WEST 6TH AVENUE WINDERMERE FL 34786	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/03)

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 REQUIRED 8/13/03 407-616-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #