407-616-1866

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SUND THE NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Ur	IIFURM BUSINE	35 KEPUK	i (UBK)		ĖLI	tn .		
DOCUMENT # 1,02000030250 1. Entity Name					03 AUG 15 PH (2: 32			
VOCAL GF	ROUP, LLC							
*			<u> </u>	SECRETARY OF STATE				
Principal Place of Business Mailing Address 651: VINELAND ROAD. SUITE 170 6651 VINELAND ROAD. S ORLANDO FL 32819 ORLANDO FL 32819			TE 170	TALLAHASSEE, FLORIDA				
INCARDO FE S	2013	ONEMIED TE 02070		110011011	AN BANG IKUKI BUKNI BONK BUK	Bende liigi dêne neêr bê		
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u></u>	CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Numbe	r	 • • • • • • • • • •	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$5.00 Add	litional	
	6. Name and Address of Current I	Registered Agent	' 	7. Name and	Address of New Regis	_		
			Name				<u></u>	
LINT, CAROL M 6651 VINELAND ROAD, SUITE 170 ORLANDO FL 32819				Address (P.O. Box Number	is Not Acceptable)			
			City			FL Zip Code	 e	
	named entity submits this statement for lons of registered agent.	the purpose of changing its	registered office o	r registered agent, or both	i, in the State of Florida	. I am familiar with, a	and accept	
SIGNATURE .								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered Agent signa	ture required when reinstating)		DATE		
		1	OW!!! FEE IS	· · · · · · · · · · · · · · · · · · ·				
		Make Check Payab Due By	le to Florida De September 24,	- 1				
	MANAGING MEMBEI	RS/MANAGERS	10.	<u>. </u>	ADDITIONS/CHA	ANGES		
TITLE .	MGRM	⊠ Delete	TITLE	marm co	0	Change	Addition	
IAME ,	IMAGE DIRECT DEVELOPMENT		NAME	CARDI M	LINT			
STREET ADDRESS	6651 VINELAND ROAD, SUITE 1	70	STREET ADDRESS	18306 WILST	HIRE BLUD) #1046		
CITY-ST-ZIP	ORLANDO FL 32819	·	CITY-ST-ZIP	BEVERLY H	ILLS CA	90211		
TITLE	MGRM	🔀 Delete	TITLE	Executive	VP .	☐ Change	Addition	
IAME	HOLLIDAY, RONALD		NAME	Steve Bak POBOX 22	ec			
STREET ADDRESS	P.O. BOX 11687		STREET ADDRESS	POISOX 991	145	E(250-	2	
CITY-ST-ZIP	MARINA DEL RAY CA 90295		CITY-ST-ZIP	Lake Buer	avista,			
TITLE)	MGRM ISIS PICTURES, INC.	Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	PO BOX 22163	•	NAME STREET ADDRESS		<u> </u>	4848		
CITY-ST-ZIP	LAKE BUENA VISTA FL 3283		CITY-ST-ZIP	N87127	03010340	J5 **1Z5.U(13	
TITLE	MGRM	₩ Delete	TITLE			Change	Addition	
NAME	2820 DESIGN	Delete	NAME			□ Change	☐ Addition	
TREET ADDRESS	120 WEST 6TH AVENUE		STREET ADDRESS	(
CITY-ST-ZIP	WINDERMERE FL 34786		CITY-ST-ZIP					
ITLE		☐ Delete	TITLE			☐ Change	Addition	
IAME			NAME					
TREET ADDRESS			STREET ADDRESS	:				
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>			_ _	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
iame Ì			NAME					
STREET ADDRESS	/ \		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
 I hereby of indicated limited lial 	ertify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustae	this filing does not qualify for hat my signature shall have empowered to execute this	the exemption sta the same legal effe report as required	ited in Section 119.07(3)(i) ect as if made under oath; by Chapter 608, Florida Si	 Florida Statutes. I furti that I am a managing i tatutes. 	her certify that the in member or manager	formation r of the	