LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

5/2/2003-90586-006-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -4 PM 3:32

DOCUMENT # L02000031901

1. Entity Name

SKIP N' STONES PRODUCTIONS LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
640 Marsh Hen Lane Suite, Apt. #, etc.	640 Marsh Hen Lane Suite, Apt. #, etc. PO Box 15864
City & State: Fernandina Beach, FL	City & State: Fernandina Beach FL
Zip: 32034 Country: Nassau	Zip: 32034 Country: Nassau

4. FEI Number: 82-0577103 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Peter Bill Johnston

Street Address (P.O. Box Number is Not Acceptable): 640 Marsh Hen Lane

City: Fernandina Beach FL Zip Code: 32034

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 4/30/03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	~~Owner~~ MGRM
NAME	Peter Bill Johnston
STREET ADDRESS	640 Marsh Hen Lane
CITY-ST-ZIP	F.B, FL 32034
TITLE	
NAME	
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CITY-ST-ZIP	

CR2E083B (12/02)

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: _____ 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #