

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90409 042 \*\*\*\*55.00

DOCUMENT # L02000033617

1. Entity Name

DEK COATER PRODUCTIONS LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1659 Semoran N. Circle

3. Mailing Address

1659 Semoran N. Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

51-0439230

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32792

Country

USA

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

John Hansen

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

1659 Semoran N. Circle

#101

City

Winter Park

FL

Zip Code

32792

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.

4/7/03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member John P. Hansen 1659 Semoran N. Cir #101 Winter Park, FL 32792
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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:

*John P. Hansen*

4/7/03

407-421-7575

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

Date

Daytime Phone #