2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

TITLE

NAME

STREET ADDRESS

FILED May 10, 2004 8:00 am Secretary of State

☐ Change ☐ Addition

ANNUAL KEPUKI (AK)					Secretary	of Stat	te
DOCUMENT # L03000010233 1. Entity Name					04-26-2004 9003 <i>6</i>		
STAR PO	WER PRODUCTIONS, LLC	j.					
Principal Place of Business		Mailing Address			1	0.0005	0.8
200 RED BUD LANE LONGWOOD FL 32779		200 RED BUD LANE LONGWOOD FL 32779			34005484		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E083 (11/	03)
City & State		City & State		4. FEI Number 860-102.0	944	Applied For Not Applicable	
Zip Country		Zip Country		 -	5. Certificate of Status Desired	□ \$5.00 Fee Re) Additional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New		<u> </u>
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OSWALD, KENNETH F 600 COURTLAND STREET, STE. 110——			Stre	Street Address (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32808-4						
		• .	City	'		FL Zip	Code
	named entity submits this statement f	or the purpose of changing its	s registered offi	ce or registe	ered agent, or both, in the State of F	lorida. I am tamiliar	with, and accept
the obligation	ions of registered agent						
SIGNATURE	Signature, typed or printed name of registered agen	nt and tale if applicable. (NO	TE: Registered Agent	signature require	ed when leinstating)	DATE	
		Make Check Payat	OW!!! FEE	Departme			
9.	MANAGING MEMB	The state of the s	I 10.	2. 2017 3	AODITION	S/CHANGES	
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HAME	KNOT, WILSON A		NAME	Į			
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11. I hereby certify that the information supplied with this filling 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.

TILE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

SIGNATURE: WILLOW A KNOTT WILSON A. KNOTT 4-20-04 407-974-9/27
SIGNATURE DIE DOE PROTED NAME OF SIGNONG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DIE DOE DOETER PROTED IN THE CONTROL OF SIGNONG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE