


FILED
Feb 05, 2004 8:00 am
Secretary of State

DOCUMENT # L03000014538

1. Entity Name
INFINITE SOUL PRODUCTIONS, LLC



Principal Place of Business	Mailing Address
3504 LAKEWOOD DRIVE TALLAHASSEE, FL 32305	3504 LAKEWOOD DRIVE TALLAHASSEE, FL 32305

2. Principal Place of Business Same Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01132004 Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1056716	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	
JONES, KENNETH 3504 LAKEWOOD DRIVE TALLAHASSEE, FL 32305	

7. Name and Address of New Registered Agent		
Name		
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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

**Make check payable to
Florida Department of State**

[illegible]

10.	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Kenneth Jones 01/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____