FILED
Aug 06, 2004 8:00 am
Secretary of State

07-19-2004 90235 001 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015436

1. Entity Name
PROSTYLE PRODUCTIONS, LLC

34003700

Principal Place of Business	Mailing Address
12642 CHELMSFORD COURT ORLANDO, FL 32837	12642 CHELMSFORD COURT ORLANDO, FL 32837

07072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
15181 Harrowgate WAY	15181 Harrowgate WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden FL	City & State: Winter Garden FL
Zip: 34787 Country:	Zip: 34787 Country:

4. FEI Number: 81-0609227 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTELISES, ALEX 12642 CHELMSFORD COURT ORLANDO, FL 32837	Name: Alex Santelises Street Address (P.O. Box Number is Not Acceptable): 15181 Harrowgate WAY City: Winter Garden FL Zip Code: 34787

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] 8/3/04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SANTELISES, ALEX 12642 CHELMSFORD COURT ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Santelises, Alex 15181 Harrowgate WAY Winter Garden, FL 34787	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 8/03/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #