


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-08-2004 90273 040 ****50.00

DOCUMENT # L03000024548

1. Entity Name
SLEIMAN PICTURES LC



Principal Place of Business
**C/O JOSEPH E. SLEIMAN
 2111 EAST MICHIGAN STREET, SUITE 200
 ORLANDO, FL 32806**

Mailing Address
**C/O JOSEPH E. SLEIMAN
 2111 EAST MICHIGAN STREET, SUITE 200
 ORLANDO, FL 32806**

34004134



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03302004 Chg-LLC CR2E083 (10/03)

4. FEI Number
265-90-4130

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**SLEIMAN, JOSEPH E
 2111 EAST MICHIGAN STREET, SUITE 200
 ORLANDO, FL 32806**

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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, JOSEPH E 2111 EAST MICHIGAN ST., SUITE 200 ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Joseph E. Sleiman* **4-5-04 4078961232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #