


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

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90503 004 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000026000	
<b>1. Entity Name</b> THE PAUSE PRODUCERS, LLC	

**DO NOT WRITE IN THIS SPACE**

24036097

<b>2. Principal Place of Business</b> 875 Concourse Parkway Suite, Apt. #, etc. Suite 150 City & State Maitland, FL Zip 32751		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc. City & State City & State Zip Country US		<b>4. FEI Number</b> 56-2378878	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Thomas R. Burns, Esq.	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 875 Concourse Parkway S, Suite 150	
<b>City</b> Maitland	<b>FL</b> <b>Zip Code</b> 32751

**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**

*Thomas R. Burns*

Signature, typed or printed name of registered agent and title if applicable.

3/16/04

DATE

**FEE IS \$50.00**

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

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Manager Alan H. Ginsburg 875 Concourse Parkway S, Suite 150 Maitland, FL 32751	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Alan H. Ginsburg, MGR*

3/17/04

Date

Daytime Phone #

CR2E083B (12/02)