

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000032070

**FILED**  
**Jul 31, 2012**  
**Secretary of State**

**Entity Name:** TEACHER MASTER CHAMPION PRODUCTIONS, LLC

**Current Principal Place of Business:**

8359 BEACON BLVD  
#402  
FT MYERS, FL 33907

**New Principal Place of Business:**

5651 HALIFAX AVE  
#1  
FT MYERS, FL 33912

**Current Mailing Address:**

8359 BEACON BLVD  
#402  
FT MYERS, FL 33907

**New Mailing Address:**

5651 HALIFAX AVE  
#1  
FT MYERS, FL 33912

**FEI Number:** 20-1049397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUMPACKER, ANNECHRISTINA  
8359 BEACON BLVD  
#402  
FT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

CRUMPACKER, ANNECHRISTINA  
5651 HALIFAX AVE  
#1  
FT MYERS, FL 33912 US

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.

**SIGNATURE:** ANNECHRISTINA CRUMPACKER

07/31/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CRUMPACKER, ANNECHRISTINA  
**Address:** 5651 HALIFAX AVE  
**City-St-Zip:** FT MYERS, FL 33912 US

**Title:** MGRM  
**Name:** VELAZQUEZ, CARLOS A  
**Address:** 5651 HALIFAX AVE  
**City-St-Zip:** FT MYERS, FL 33912 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** CARLOS VELAZQUEZ

MGRM

07/31/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date