2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9400000534



04-08-2003 90024 038 ****50.00 B & W PROFESSIONAL VIDEO STUDIO, L.C. Mailing Address Principal Place of Business 1605 MAIN ST 1605 MAIN ST **SUITE 1001 SUITE 1001** SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0524742 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name= GOLDSMITH, STANLEY A Street Address (P.O. Box Number is Not Acceptable) 1605 MAIN ST SUITE 1001 SARASOTA FL 34236 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. **MGRP** TITLE XX Change ☐ Addition TITLE ☐ Delete MGR, P, S, T NAME FEHER, SANDOR J NAME FEHER, SANDOR J. STREET ADDRESS STREET ADDRESS 1605 MAIN ST, STE 1001 1605 Main Street, Ste. 1001 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Sarasota, FL 34236-XX Change **MGRV** ☐ Delete TITLE ☐ Addition TITLE MGR. VP √ 1 FEHER, MILAN NAME NAME 1605 Main Street, Ste. 1001 STREET ADDRESS STREET ADDRESS 1605 MAIN ST, STE 1001 Sarasota, FL 34236 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change Addition_ TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

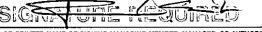
STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

NAME

TITLE

NAME



☐ Delete

☐ Delete

Manager

941-955-4990

☐ Change

Change

☐ Addition

☐ Addition

FILED

Apr 08, 2003 8:00 am Secretary of State