

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90098 033 ****75.00

0030657

DOCUMENT # L97000000734

1. Entity Name

MOTION DISPLAY SYSTEM LIMITED COMPANY



Principal Place of Business

**2422 LOB LOLLY LANE
DEERFIELD BEACH FL 33442**

Mailing Address

**2422 LOB LOLLY LANE
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

**#216
1121 SOUTH MILITARY TRAIL
Suite, Apt. #, etc.
216**

3. Mailing Address

**SAME 1121 S. MILITARY TR
#216**

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH - FL

Zip

33442

Country

USA

Zip

33442

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0764640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GENACHTE, DANIEL
2422 LOB LOLLY LANE
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1121 S. MILITARY TRAIL #216

City

DEERFIELD BEACH FL

Zip Code

33442

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **GENACHTE, DANIEL**
STREET ADDRESS **2422 LOB LOLLY LANE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

☒ Change ☐ Addition
NAME **1121 SOUTH MILITARY TRAIL #216**
STREET ADDRESS **DEERFIELD BEACH, FL, 33442 FL**
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-23-03 (954) 4250032

Date

Daytime Phone #

CP2E083 (10/02)