| 2nd FINAL | | File on or before Sej will be dissolved. | ot. 29, 19 | 99 or Limite | d Liab | ollity Cor | mpany | | | | |
|--|--------------------------------|---|------------|-------------------------|---|------------|---------|---|---------------|----------------|-------------------------------------|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | | | | | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS | | | |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee | | | | | | | | 99 JUL 19 PM 4: 09 | | | |
| \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001797 | | | | | | | | | | | |
| DERBY PRODUCTIONS, L.C. | | | | | | | | 1a. Principal Pla | ce of Busines | s Address | |
| 1227 S.E. 9TH TERRACE CAPE CORAL FL 33990 | | | | | | | | 1227 S.E. 9TH TERRACE CAPE CORAL FL 33990 | | | |
| 2. Princip | al Place of Bus | iling Address | | | 3. Date Organized or Qualified 3a. State of Formation | | | | | | |
| Suite, Apt. #, etc. Su | | | | Suite, Apt. #, etc. | | | | 09/10/1998 FL 4. FEI Number | | | |
| City & State C | | | | City & State | | | | 4. PET NUMBER | | | Applied For |
| | | | - | | | | | 5. Date of Last R | Seport | 6. Certifica | Not Applicable te of Status Desired |
| Zip | | Country | Zıp | | Countr | ry | | | | | onal Fee Required |
| | 7. Name | and Address of Current I | Registered | Agent | | Name | 6. 1 | lame and Address | of New Reg | istered Agent/ | Office |
| CAPE CORAL FI. 33990 Suite, Apt. #, 6 City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limit its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affin as registered agent, and accept the obligations. | | | | | | | | ****T88.75 ****188.75 Zip Code FL and liability company submits this statement for the purpose of changing | | | |
| SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | DATE | | |
| 10. Title | itle Managing Members/Managers | | | Business Street Address | | | | City, State and Zip Code | | | p Code |
| MGRM | TROYER, RODNEY J | | | 1227 S.E. 9TH TERF | | | ACE | CAPE | CORAL 1 | FL | |
| MGRM | MURRAY | 1337 N.E. VAN LOON TERR SAME | | | TERRACE | CAPE | CORAL 1 | FL | | | |
| | | | | | | | | | | | |
| 11 I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | | | | | | | | | |
| SIGNATURE: Rodrey Troyer MGPM 7/4/55 94/5742 306 SIGNATURE: SIGNATURE AND TYPED OR PROJECT NAME OF STANING MANAGING MEMBER OF HANDLER TO BY TO YEAR PROJECT PR | | | | | | | | | | | |



DERBY PRODUCTIONS





7/12/99

Florida Department Of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Limited Liability Company Annual Report 1999

I am enclosing this letter per my phone conversation with Gretchen on 7/12/99.

We received this '2nd and Final Notice' without ever receiving a first notice. Gretchen instructed us to pay the correct amount of \$188.75. Please find that amount enclosed with our completed application.

Sincerely,

Rodney Troyer, MGRM