

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001583

1. Entity Name
SUN DOG FILMS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:03

Principal Place of Business
3502 HENDERSON BLVD., SUITE 300
TAMPA FL 33609

Mailing Address
3502 HENDERSON BLVD., SUITE 300
TAMPA FL 33609-3947



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9935 FAWN Ridge DR.
Suite, Apt. #, etc.

3. Mailing Address
9935 FAWN Ridge DRIVE
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL
Zip
32256
Country

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Zip
32256
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4. FEI Number
59-356-5734
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PULS, JOHN L
3502 HENDERSON BLVD., SUITE 300
TAMPA FL 33609

7. Name and Address of New Registered Agent
Name
Lou MAGGIO
Street Address (P.O. Box Number is Not Acceptable)
9935 FAWN Ridge DR.
City JACKSONVILLE FL Zip Code 32256

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.

SIGNATURE Lou MAGGIO MGR 2/4/00
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 Department of State

ng 3/16/00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGGIO, LOU 3502 HENDERSON BLVD., SUITE 300 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEADOWS, MIKE 3502 HENDERSON BLVD., SUITE 300 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PULS, JOHN L 3502 HENDERSON BLVD., SUITE 300 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	9935 FAWN Ridge Drive JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	9935 FAWN Ridge Drive JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	300003179273-9 -03/22/00--01020--014 *****50.00 *****50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Lou MAGGIO 2/4/00 904-646-3916
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)