

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002180

1. Entity Name

OMEGA THEATRE PRODUCTIONS LLC

Principal Place of Business

3918 ALHAMBRA DRIVE WEST
JACKSONVILLE FL 32207

Mailing Address

3918 ALHAMBRA DRIVE WEST
JACKSONVILLE FL 32207-6013

FILED

00 APR 10 AM 9:20



JACKSONVILLE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, JUSTIN

3345 ZEPHYR WAY NORTH

JACKSONVILLE BEACH FL 32250

Name

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

City

FL

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MURPHY, JUSTIN
STREET ADDRESS 3345 ZEPHYR WAY NORTH
CITY- ST- ZIP JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS 400003224114--9
CITY- ST- ZIP -04/28/00--01009--019
*****50.00 *****50.00

TITLE MGR
NAME Whitmire, Robert L.
STREET ADDRESS 3918 Alhambra Dr. W.
CITY- ST- ZIP Jacksonville, FL 32207-6013

TITLE MGR
NAME Whitmire, Robert L.
STREET ADDRESS 3918 Alhambra Dr. W.
CITY- ST- ZIP Jacksonville, FL 32207-6013

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STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-5-00 (904) 346-3429

Date

Daytime Phone #

CR2E083 (9/99)