2000 UNIFORM BUSINESS REPORT (UBR)

000073 AF

DOCUMENT # L99000003153

1. Entity Name

LEISURE TIME DISPLAYS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 PM 12:08

Principal Place of Business	Mailing Address
2438 VISCOUNT ROW ORLANDO FL 32809	2438 VISCOUNT ROW ORLANDO FL 32809-6205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1933 PREMIER ROW	3. Mailing Address: 1933 PREMIER ROW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, Fl.	City & State: ORLANDO, Fl.
Zip: 32809 Country:	Zip: 32809 Country:

4. FEI Number: 37-1348663 ☐ Applied For ☐ Not Applicable

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
MILLER, DAVID M 9114 WINDJAMMER LANE ORLANDO FL 32819	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] DAVID M. MILLER, MGRM 2/24/00

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

mf 3/9/00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, H. THOMAS 6308 MARINA DR. ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003169843--1 -03/14/00--01118--015 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, DAVID M 9114 WINDJAMMER LANE ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/99)

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] DAVID M. MILLER MGRM 2/24/00 407-438-0047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #