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	3. Mailing Address
1933 PREMIER ROW	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: 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	☐ Change ☐ Addition 300003169843--1 -03/14/00--01118--015 *****55.00 *****55.00
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 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 #

CR2E083 (9/99)