

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -5 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004209

1. Entity Name
FILMZONE LLC

Principal Place of Business

1 HARGROVE GRADE
SUITE 1B
PALM COAST FL 32137

Mailing Address

1 HARGROVE GRADE
SUITE 1B
PALM COAST FL 32137-5116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3635917

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEMP ENTERTAINMENT, INC.
1 HARGROVE GRADE
SUITE 1B
PALM COAST FL 32137

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 NAME MGRM CHARLA, PAUL M
STREET ADDRESS 1 HARGROVE GRADE SUITE 1B
CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

TITLE NAME MGRM Rickard Philipson
STREET ADDRESS 840 N. Latta Dec Street Apt 2-202
CITY-ST-ZIP W. Hollywood, CA 90069 ☐ Change ☒ Addition

TITLE NAME MGRM LARSSON, KJELL
STREET ADDRESS 1 HARGROVE GRADE SUITE 1B
CITY-ST-ZIP PALM COAST FL 32137 ☐ 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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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/03/00

Date

904-446-1955

Daytime Phone #

CR2E083 (9/99)