

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90587 022 ****50.00

0001008

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**

2. Principal Place of Business

1 Hargrove Grade

Suite, Apt. #, etc.

Suite 1C

City & State

Palm Coast, FL

Zip

32137

Country

3. Mailing Address

1 Hargrove Grade

Suite, Apt. #, etc.

Suite 1C

City & State

Palm Coast, FL

Zip

32137

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3635917**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PHILIPSEN, RICKARD**
STREET ADDRESS **840 N. LAITADEE STREET, APT. 2-202**
CITY-ST-ZIP **W. HOLLYWOOD CA 90069**

TITLE **MGRM** ☒ Delete
NAME **LARSSON, KJELL**
STREET ADDRESS **1 HARGROVE GRADE SUITE 1B C**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **John Foster**
STREET ADDRESS **16910 Dallas Parkway Ste 104**
CITY-ST-ZIP **Dallas, TX 75248**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03

Date

386-986-1061

Daytime Phone #

CR2E083 (10/02)