

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90003 012 ****50.00

DOCUMENT # MO1000002260

1. Entity Name

EAST COAST PRODUCTIONS, LLC

Principal Place of Business

**1044 DEES DR.
OVIEDO FL 32765**

Mailing Address

**1044 DEES DR.
OVIEDO FL 32765**

2. Principal Place of Business

1044 DEES DR.

Suite, Apt. #, etc.

3. Mailing Address

1044 DEES DR.

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

OVIEDO, FL

4. FEI Number

59-3753816

Applied For

Not Applicable

Zip

32765

Country

US

Zip

32765

Country

US5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIEHL, DAN
1044 DEES DR.
OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name **DAN DIEHL**

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

1044 DEES DR.

City

OVIEDO**FL**

Zip Code

32765

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

 **PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

17 JAN 02**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|----------------|-------------|---------------------------------|
| | MGR | | | |
| | DIEHL, DAN | | | |
| | 1044 DEES DR. | | | |
| | OVIEDO FL | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------------|----------------|-------------|---------------------------------|
| | MGR | | | |
| | SHIRLEY, JON P | | | |
| | 947 WEDGEWOOD DR. | | | |
| | WINTER SPRINGS FL | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

17 JAN 02 407-977-2105

Date

Daytime Phone #

CR2E083 (9/01)