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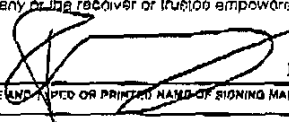
LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

2004 APR 30 A 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000002169			
1. Entity Name CG Productions, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 220 West 42nd Street Suite, Apt. #, etc.		3. Mailing Address 220 West 42nd Street Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10036	Country USA	Zip 10036	Country USA
4. FEI Number 20-0027476		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Nays Street			
City Tallahassee		FL	Zip Code 32301
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 _____		DATE _____	
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SFX Family Entertainment, Inc. (Sole MBR) - 220 West 42nd Street New York, NY 10036	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	500035139705
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60B, Florida Statutes.			
SIGNATURE: 		Dale A. Head (Secy of MBR) April 28 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Onfile Form #	

CR2E083B (12/02)

LOCATION:

RX TIME 04/30 '04 15:24