

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000388

1. Entity Name  
PRODCOMM LLC

Principal Place of Business  
% LAW OFFICES OF JAMES M. DONOVAN  
515 S. FIGUEROA STREET, SUITE 1000  
LOS ANGELES CA 90071-3327

Mailing Address  
% LAW OFFICES OF JAMES M. DONOVAN  
515 S. FIGUEROA STREET, SUITE 1000  
LOS ANGELES CA 90071-3327

FILED  
01 FEB 12 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2835 North Naomi Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Burbank, CA

City & State

4. FEI Number 88-0391090

Applied For  
Not Applicable

Zip  
91504

Country  
USA

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

4000003744174-4  
-02/20/01--01110--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DRANEY, ROBERT W  
410 NEVADA HIGHWAY, SUITE 200  
BOULDER CITY NV 89005 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PETERSON, JACK L  
410 NEVADA HIGHWAY, SUITE 200  
BOULDER CITY NV 89005 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DONOVAN, JAMES M  
515 S. FIGUEROA ST., STE. 1000  
LOS ANGELES CA 90071 ☐ 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  
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☐ Change ☐ Addition

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☐ 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: James M. Donovan James M. Donovan, Manager 2/5/01 (213) 629-4861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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