

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90161 013 ***158.75

DOCUMENT # P02000051969

1. Entity Name
LITTLE BIG MAN PRODUCTION COMPANY



Principal Place of Business
C/O ROBERT HENRY SILVERS C.P.A., P.A.
1140 KANE CONCOURSE FIFTH FL
BAY HARBOR ISLANDS FL 33154

Mailing Address
C/O ROBERT HENRY SILVERS C.P.A., P.A.
1140 KANE CONCOURSE FIFTH FL
BAY HARBOR ISLANDS FL 33154



2. Principal Place of Business
14707 S Dixie Hwy
Suite, Apt. #, etc.
Suite 404

3. Mailing Address
% Frederick B Gomer
Suite, Apt. #, etc.
P.O. Box 450549

City & State
MIAMI, FLORIDA

City & State
Sunrise, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
33176 Country
MIAMI-DADE

Zip
33345 Country
Broward

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERS, ROBERT H
1140 KANE CONCOURSE FIFTH FL
BAY HARBOR ISLANDS FL 33154

Name
Frederick B Gomer
Street Address (P.O. Box Number is Not Acceptable)
3301 NW 97 Terrace
City
Sunrise FL
Zip Code
33351

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.

Frederick B Gomer

3-1-03

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHLECHT, ARTHUR
1140 KANE CONCOURSE FIFTH FL
BAY HARBOR ISLANDS FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14707 S Dixie Hwy, Suite 404
MIAMI, FL 33176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUTGARD, JEFFREY
1140 KANE CONCOURSE FIFTH FL
BAY HARBOR ISLANDS FL 33154 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3303 954 748 5164

Date

Daytime Phone #

CR2E034 (10/02)