## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## **ANNUAL REPORT FILED** Jan 09, 2006 08:00 AM Secretary of State DOCUMENT # L03000014538 INFINITE SOUL PRODUCTIONS, LLC Principal Place of Business Mailing Address 3504 LAKEWOOD DRIVE 3504 LAKEWOOD DRIVE TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305 01052006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1056716 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JONES, KENNETH DO NOT WRITE 3504 LAKEWOOD DRIVE TALLAHASSEE, FL 32305 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 U00000380710 01/11/06-80023-019 55.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE JUNES, KENNETH NAME STREET ADDRESS 3504 LAKEWOOD DR. TALLAHASSEE, FL 32305 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MARKE STREET ADDRESS CITY-ST-ZIP NAME

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: Joneth Jones 01/05/06 (850)-210-5241