

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90065 027 ***138.75

DOCUMENT # L07000015082



1. Entity Name

HANA FILMS, L.L.C.

Principal Place of Business

5738 MASTERS BLVD.
ORLANDO FL 32819

Mailing Address

5738 MASTERS BLVD.
ORLANDO FL 32819



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

☐ Applied For
☒ Not Applicable

Zip

Country

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

SALFI, DOMINICK J
999 DOUGLAS AVENUE, SUITE 3333
ALTAMONTE SPRINGS FL 32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed next to using original and file to produce

(NOTE: Registered Agent's name is required when transferring)

Date

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: *Manager*
NAME: *Hank Stone*
STREET ADDRESS: *2524 Blue Lake Court*
CITY-ST-ZIP: *Apopka, FL 32703*

☐ Delete

TITLE: *CO*
NAME: *Miguel Huer*
STREET ADDRESS: *2524 Blue Lake Court*
CITY-ST-ZIP: *Apopka, FL 32703*

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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CITY-ST-ZIP:
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10. ADDITIONS/CHANGES

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #