

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018138

FILED
Apr 02, 2009
Secretary of State

Entity Name: 13 MINUTE PRODUCTIONS, LLC

Current Principal Place of Business:

1032 HENDRICKS AVE.
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

507 NORTH MARKET STREET
JACKSONVILLE, FL 32202 US

New Mailing Address:

1032 HENDRICKS AVE.
JACKSONVILLE, FL 32207 US

FEI Number: 20-2607761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINK, LOGAN M
507 N. MARKET ST.
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RINK, LOGAN
Address: 507 N. MARKET ST.
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM () Delete
Name: CARDENAS, JOSE JR.
Address: 439 ASHCROFT LANDING DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM () Delete
Name: MALINOVIC, MILAN
Address: 7910 LINKSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOGAN RINK

MGRM

04/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date