


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009
LIMITED LIABILITY COMPANY ANNUAL REPORT

 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

09 MAY -4 PM 4:27

DOCUMENT # **L03000014538**
 1. Limited Liability Company's Name
INFINITE SOUL PRODUCTIONS, LLC

300153332783
 04/28/09--01040--011 **138.75
 CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
3504 Lakewood Drive
 Suite, Apt. #, etc.
 City & State
Tallahassee, Fla.
 Zip Country
32305 USA

3. Mailing Office Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. State/Country of Formation
FLA. USA

5. Date Organized or Qualified To Do Business in Florida
4/22/03

6. FEI Number
33-1056716
 Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
 Name
Kenneth Jones
 Street Address (P.O. Box Number is Not Acceptable)
3504 Lakewood Drive
 Suite, Apt. #, Etc.
 City State Zip Code
Tallahassee FL 32305

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
 Signature of Registered Agent **Kenneth Jones** Date **04/25/09**
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
C.E.O	Kenneth Jones	3504 Lakewood Dr. Tall. Fla.	32305
			05/06/09--01003--003 **5.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager **Kenneth Jones** Date **04/25/09** Daytime Phone # **850-556-3753**
 Typed or printed name of signing Managing Member/Manager **Kenneth Jones**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAY -4 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 29, 2009

INFINITE SOUL PRODUCTIONS, LLC
3504 LAKEWOOD DR
TALLAHASSEE, FL 32305

SUBJECT: INFINITE SOUL PRODUCTIONS, LLC
Ref. Number: L03000014538

We have received your document for INFINITE SOUL PRODUCTIONS, LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or manager of the limited liability company.

The document must contain the name, title, and business address of each managing member or manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00014494