

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Aug 23, 2007 08:00 AM  
Secretary of State

DOCUMENT # L01000005624

1. Entity Name

CRYSTAL IMAGE VIDEO PRODUCTIONS, L.L.C.

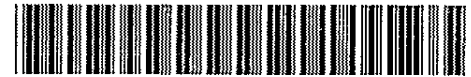


Principal Place of Business

610 6TH LANE  
GREENACRES FL 33463

Mailing Address

610 6TH LANE  
GREENACRES FL 33463



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

3. Mailing Address

2nd MOORE

CR2E083 (4/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1108436

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

FUCHS, LANCE C  
FAIRWAY PROFESSIONL OFFICE  
7108 FAIRWAY DRIVE STE 200  
PALM BEACH GARDENS FL 33418

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME CAMPANA, TROY  
STREET ADDRESS 610 SIXTH LANE  
CITY-ST-ZIP GREENACRES FL 33463

TITLE ☐ Change ☐ Addition  
NAME 000000772708  
STREET ADDRESS 08/23/07-80006-005 50.00  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME CAMPANA, CARLEENE  
STREET ADDRESS 610 SIXTH LANE  
CITY-ST-ZIP GREENACRES FL 33463

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing 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:

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

Troy Campa 8/19/07 561-642-6712

Date

Daytime Phone #