


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005850
 1. Entity Name
POSA FILMS INTERNATIONAL, L.L.C.



Principal Place of Business 1645 S. RANCHO SANTA FE RD. SUITE 208 SAN MARCOS, CA 92069	Mailing Address 1645 S. RANCHO SANTA FE RD. SUITE 208 SAN MARCOS, CA 92069
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2309397	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 FIORE, ALXANDER
 389 COLONIAL AVE.
 MARCO ISLAND, FL 34145

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

1100000099271
 03/30/04-80007-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIORE, ALEXANDER 1645 S. RANCHO SANTA FE RD. SAN MARCOS, CA 92069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIORE, MERCEDES 10680 W. PICO BLVD. LOS ANGELES, CA 90064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RIACCHI, SANTIAGO 1645 S. RANCHO SANTA FE RD. SAN MARCOS, CA 92069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X  03/24/04 619-457-8428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #