2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # L010000148 MEDIA PRODUCTIONS, LI			02-27-2006 90422 029 ****55.00
Principal Plac	e of Business	Mailing Address	<u> </u>	
555 N.E. 15TH STREET, 7TH FLOOR 555 N.E. 15TH STREET, 7 MIAMI, FL 33132 MIAMI, FL 33132			7TH FLOOR	20010796
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302006 Chg-LLC CR2E083 (11/05)
City & State		City & State		4. FEI Number Applied For 65-1158490 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	Nome	7. Name and Address of New Registered Agent
BASTO, C	ARLOS		- Name	
	5TH STREET, 7TH FLOOR		Street Add	ress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accep
0.00				
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title If apolicable. (NOTE:	Recistered Agent signature of	required when reinstating) DATE
Fi	Signature, typed or printed name of registered agent a lling Fee Is \$50.00 ue by May 1, 2006	nd title If applicable. (NOTE:	Registered Agent signature	Make check payable to Florida Department of State
Fi	lling Fee is \$50.00		Registered Agent signature	Make check payable to
FI	iling Fee is \$50.00 ue by May 1, 2006			Make check payable to Florida Department of State
9. 11TLE	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.	Make check payable to Florida Department of State ADDITIONS/CHANGES
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR BASTO, CARLOS 555 NE 15 ST #7726 MIAMI, FL 33132 MGR	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Make check payable to Florida Department of State ADDITIONS/CHANGES
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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 flability company or the receiver or mystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

92/22/06 30537

Daytime Phone #