

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020697

Entity Name: TV CREATIONS, L.L.C.

FILED  
May 07, 2007  
Secretary of State

**Current Principal Place of Business:**

ONE S.E. THIRD AVENUE,  
SUITE 2250  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

ONE S.E. THIRD AVENUE, SUITE 2250  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

AMKGS REGISTERED AGENTS, INC.  
2250 SUNTRUST INTERNATIONAL CENTER  
ONE S.E. THIRD AVENUE  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

AMKE REGISTERED AGENTS LLC  
2250 SUNTRUST INTERNATIONAL CENTER  
ONE S.E. THIRD AVENUE  
MIAMI, FL 33131 US

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: ARTURO J. ABALLI

05/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PEOPLE INTERNATIONAL, FILMS, INC.  
Address: TORRE BANCO ALIADP, PISO 14  
City-St-Zip: PANAMA, REP DE PANAMA,

**ADDITIONS/CHANGES:**

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: PEOPLE INTERNATIONAL FILMS, INC.

MGRM

05/07/2007

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