


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90038 029 ****50.00

DOCUMENT # L02000012723	
1. Entity Name CANVAS PICTURES, LLC	

Principal Place of Business 1145 N. BISCAYNE POINT ROAD MIAMI BEACH FL 33141	Mailing Address 1145 N. BISCAYNE POINT ROAD MIAMI BEACH FL 33141
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 13017 WOODBRIDGE ST. Suite, Apt. #, etc.
City & State	City & State STUDIO CITY, CA
Zip	Country USA



1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent LANE, SHARON 1145 N. BISCAYNE PT. RD. MIAMI BEACH FL 33141		7. Name and Address of New Registered Agent Name Michael Finuccio Street Address (P.O. Box Number is Not Acceptable) 5891 SW 132nd Terrace City Miami FL Zip Code 33156	
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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.

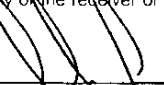
SIGNATURE  DATE **4-26-06**

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

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LMG PICTURES, INC. 1145 N. BISCAYNE POINT ROAD MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4-26-06** **818 990-6366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #