2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/22/

FILED
Jul 01, 2004 8:00 am
Secretary of State
03-22-2004 90422 005 ****50.00

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03152004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000020849

1. Entity Name
ADIR PRODUCTIONS, LLC

Principal Place of Business	Mailing Address
2800 PONCE DE LEON BLVD. SUITE 1125 MIAMI, FL 33134	2800 PONCE DE LEON BLVD. SUITE 1125 MIAMI, FL 33134

2. Principal Place of Business		3. Mailing Address	
4770 BISCAYNE BLVD		4770 BISCAYNE BLVD.	
Suite, Apt. #, etc. SUITE 980		Suite, Apt. #, etc. SUITE 980	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33137	Country USA	Zip 33137	Country USA

4. FEI Number APPLIED FOR 20-1291006 ☐ Applied For ☐ Not Applicable

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
SEIF, EVAN D 2800 PONCE DE LEON BLVD. SUITE 1125 MIAMI, FL 33134	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

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAVANA, JORDAN 2800 PONCE DE LEON BLVD. SUITE 1125 CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. KAVANA, JESSICA 4770 BISCAYNE BLVD. SUITE 980 MIAMI, FLORIDA 33137	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 [signature] 3/17/04 (305) 519-9674

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