2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L02000024713

Entity Name: LA-LOS PRODUCTIONS, LLC

Current Principal Place of Business:

190 SW 167TH AVENUE
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

190 SW 167TH AVENUE
PEMBROKE PINES, FL 33027 US

New Mailing Address:

1641 COVE LAKE RD
N. LAUDERDALE, FL 33068 US

FEI Number: 65-1068699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUAREZ, CARLOS R
190 SW 167TH AVENUE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

CRUMP, S. LAMONT
1641 COVE LAKE RD
N. LAUDERDALE, FL 33068 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: S. LAMONT CRUMP 04/25/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SUAREZ, CARLOS R
Address: 190 SW 167TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM ( ) Delete
Name: CRUMP, STEPHAN L
Address: 190 SW 167TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: CRUMP, S. LAMONT
Address: 1641 COVE LAKE RD
City-St-Zip: N. LAUDERDALE, FL 33068

I hereby certify that the information supplied with this filing does not qualify for the 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: S. LAMONT CRUMP MGRM 04/25/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date