

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003866

Entity Name: IN2ITIV FILMS, LLC

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 5450
KEY WEST, FL 33045

New Principal Place of Business:

275 GOLF CLUB DRIVE
KEY WEST, FL 33045

Current Mailing Address:

P.O. BOX 5450
KEY WEST, FL 33045

New Mailing Address:

FEI Number: 36-4523354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTRY, CHRISTOPHER B
275 GOLF CLUB DRIVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANTRY, CHRISTOPHER B
Address: P.O. BOX 5450
City-St-Zip: KEY WEST, FL 33045

Title: MGRM () Delete
Name: LOVELOCK, GEORGE
Address: P.O. BOX 5450
City-St-Zip: KEY WEST, FL 33045

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LOVELOCK, GEORGE
Address: 277 W MAIN STREET
City-St-Zip: BABYLON, NY 11702

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: CHRISTOPHER SANTRY

MGRM

02/06/2009

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