

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009570

Entity Name: INFINITE PRODUCTIONS, LLC

FILED  
Apr 27, 2004  
Secretary of State

**Current Principal Place of Business:**

3795 GOLDEN POINT DRIVE  
AVENTURA, FL 33180

**New Principal Place of Business:****Current Mailing Address:**

3795 GOLDEN POINT DRIVE  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 30-0160376      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BUXTON, BARBARA ESQUIRE  
AVENTURA CORPORATE CENTER  
20801 BISCAYNE BOULEVARD, SUITE 303  
AVENTURA, FL 33180 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BUXTON, SETH A  
Address: 3795 GOLDEN POINT DRIVE  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: ALVAREZ, ANDREW  
Address: 710 7TH STREET  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BUXTON, SETH A MGRM  
Address: 3795 GOLDEN POINT DRIVE  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change ( ) Addition  
Name: ALVAREZ, ANDREW MGRM  
Address: 710 7TH STREET  
City-St-Zip: MIAMI BEACH, FL 33139

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 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: BARBARA BUXTON

RA

04/27/2004

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