


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009  
LIMITED LIABILITY  
COMPANY  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY -4 PM 4:27

DOCUMENT # L03000014538

1. Limited Liability Company's Name

INFINITE SOUL PRODUCTIONS, LLC

300153332783  
04/28/09--01040--011 \*\*138.75  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3504 Lakewood Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, FLA.

City & State

Zip

32305

Country

USA

Zip

Country

4. State/Country of Formation

FLA. USA

5. Date Organized or Qualified  
To Do Business in Florida

4/22/03

6. FEI Number

33-1056716

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Kenneth Jones

Street Address (P.O. Box Number is Not Acceptable)

3504 Lakewood Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Kenneth Jones

REGISTERED AGENT MUST SIGN

Date 04/25/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
C.E.O	Kenneth Jones	3504 Lakewood Dr. Tall. Fla. 32305	
			05/06/09--01003--003 **5.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when  
filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that  
all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect  
as if made under oath.

Signature of  
Managing Member/Manager

Kenneth Jones

Date 04/25/09

Daytime Phone # 850-556-3753

Typed or printed name of signing Managing Member/Manager

Kenneth Jones

T. Hampton MAY - 5 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 MAY -4 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 29, 2009

INFINITE SOUL PRODUCTIONS, LLC  
3504 LAKEWOOD DR  
TALLAHASSEE, FL 32305

SUBJECT: INFINITE SOUL PRODUCTIONS, LLC  
Ref. Number: L03000014538

We have received your document for INFINITE SOUL PRODUCTIONS, LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or manager of the limited liability company.

The document must contain the name, title, and business address of each managing member or manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 809A00014494