2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034851

Entity Name: SPLIT ROCK PRODUCTIONS, LLC

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 4005 CARENON LANE
 4005 CARENON LANE

 VALRICO, FL 33594
 VALRICO, FL 33596

Current Mailing Address: New Mailing Address:

4005 CARENON LANE
VALRICO, FL 33594

4005 CARENON LANE
VALRICO, FL 33596

FEI Number: 11-3699687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COFFEY, JACK
4005 CARENON LANE
VALRICO, FL 33594 US
COFFEY, JACK
4005 CARENON LANE
VALRICO, FL 33596 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: 01/14/2008

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 COFFEY, JACK
 Name:
 COFFEY, JACK

 Address:
 4005 CARENON LANE
 Address:
 4005 CARENON LANE

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33596

Title: T () Delete Title: T (X) Change () Addition

Name: LASSEN, PETER Name: LASSER, PETER
Address: 1188 PAGLEY HALL BOAD Address: 1188 PAGLEY HALL

Address: 1188 RAGLEY HALL ROAD Address: 1188 RAGLEY HALL ROAD City-St-Zip: ATLANTA, GA 30319 City-St-Zip: ATLANTA, GA 30319

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: JACK COFFEY P 01/14/2008