

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000040773

1. Entity Name  
CREATIVE VIDEO ENTERTAINMENT, LLC



Principal Place of Business

4776 NEW BROAD ST.  
SUITE 100  
ORLANDO, FL 32814

Mailing Address

4776 NEW BROAD ST.  
SUITE 100  
ORLANDO, FL 32814



01302007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

41-2121648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUTA, JOHN R  
4776 NEW BROAD STREET  
SUITE 100  
ORLANDO, FL 32814

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME OPOTOWSKY, S. PETER  
STREET ADDRESS 800 CELEBRATION AVE, SUITE 328  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE P  
NAME TOMLINSON, MARY  
STREET ADDRESS 9666 WILD OAK DRIVE  
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE P  
NAME RUTA, JOHN  
STREET ADDRESS 4776 NEW BROAD STREET SUITE 100  
CITY-ST-ZIP ORLANDO, FL 32814

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000618767  
02/08/07-80043-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #