

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 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 | |



02012008No Chg-LLC

CR2E083 (12/07)

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000824123
02/20/08-80065-012 138.75

**DO NOT WRITE
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 #

2-1-08

(407) 896-4931