

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005008

FILED
Sep 07, 2005
Secretary of State

Entity Name: BEHIND THE SCENES PRODUCTIONS LLC

Current Principal Place of Business:

1835 NE MIAMI GARDENS DRIVE
#325
NORTH MIAMI BEACH, FL 33179 US

Current Mailing Address:

1835 NE MIAMI GARDENS DRIVE
#325
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

1835 NE MIAMI GARDENS DRIVE
#352
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

1835 NE MIAMI GARDENS DRIVE
#352
NORTH MIAMI BEACH, FL 33179 US

FEI Number: 20-0651626 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CASALE, FRANCESCO
1835 NE MIAMI GARDENS DR
#325
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

CASALE, FRANCESCO
1835 NE MIAMI GARDENS DR
#352
NORTH MIAMI BEACH, FL 33179 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: _____

09/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CASALE, MARIO L MR.
Address: 1835 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIO L. CASALE

MGR

09/07/2005

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