

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009249

FILED
May 01, 2006
Secretary of State

Entity Name: METROPOLIS PRODUCTIONS, LLC

Current Principal Place of Business:

5218 VANGUARD STREET
ORLANDO, FL 32819 US

New Principal Place of Business:

5228 VANGUARD STREET
ORLANDO, FL 32819 US

Current Mailing Address:

5218 VANGUARD STREET
KISSIMMEE, FL 34744 US

New Mailing Address:

5228 VANGUARD STREET
KISSIMMEE, FL 34744 US

FEI Number: 51-0499005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

LEGALZOOM NEVADA INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COMPTON, LISA
Address: 5218 VANGUARD STREET
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM (X) Delete
Name: COMPTON, RICHARD
Address: 5218 VANGUARD STREET
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COMPTON, LISA
Address: 5228 VANGUARD STREET
City-St-Zip: ORLANDO, FL 32819 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA COMPTON

PRES

05/01/2006

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