

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017517

FILED
Apr 30, 2008
Secretary of State

Entity Name: EXTREME PRODUCTIONS, LLC

Current Principal Place of Business:

301 EAST LAS OLAS BLVD.
THIRD FLOOR
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

301 EAST LAS OLAS BLVD.
THIRD FLOOR
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

888 EAST LAS OLAS BLVD.
4TH FLOOR
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

888 EAST LAS OLAS BLVD.
4TH FLOOR
FORT LAUDERDALE, FL 33301 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PFUNDSTEIN, MICHAEL A
301 EAST LAS OLAS BLVD.
THIRD FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

PFUNDSTEIN, MICHAEL A
888 EAST LAS OLAS BLVD.
4TH FLOOR
FORT LAUDERDALE, FL 33301 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: MICHAEL A. PFUNDSTEIN

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PFUNDSTEIN, MICHAEL A
Address: 301 EAST LAS OLAS BLVD., THIRD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PFUNDSTEIN, MICHAEL A
Address: 888 EAST LAS OLAS BLVD., 4TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: MICHAEL A. PFUNDSTEIN

MGR

04/30/2008

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