
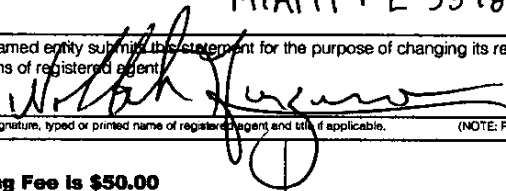
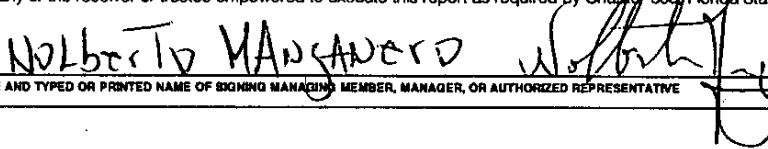


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90045 022 \*\*\*\*50.00

DOCUMENT # L04000037602			
1. Entity Name ICO U-GO PRODUCTIONS, LLC			
Principal Place of Business 740 MERIDIAN AVENUE SUITE #4 MIAMI BEACH, FL 33139 US		Mailing Address 740 MERIDIAN AVENUE SUITE #4 MIAMI BEACH, FL 33139 US	
2. Principal Place of Business 11930 N BAYSHORE DR Suite, Apt. #, etc. 1406 City & State MIAMI FL Zip 33181 Country USA		3. Mailing Address 11930 N BAYSHORE DR Suite, Apt. #, etc. 1406 City & State MIAMI FL Zip 33181 Country USA	
06292005 Chg-LLC		CR2E063 (10/03)	
4. FEI Number 731710674		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NOLBERTO, MANZANERO E JR 740 MERIDIAN AVENUE SUITE #4 MIAMI BEACH, FL 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 7-6-05	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, ELVA 2130 NE 206TH ST MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: NOLBERTO MANZANERO 		Date: 7-6-05 305-8955288	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	