


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90047 033 ****50.00

DOCUMENT # L04000044696			
1. Entity Name WILLPOWER PRODUCTIONS, LLC			
Principal Place of Business 372 WINCHESTER PLACE LONGWOOD, FL 32779 US		Mailing Address 11227 SW 62ND AVENUE RD. OCALA, FL 34476 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WELZIEN, JONI K 11227 SW 62ND AVENUE RD. OCALA, FL 34476		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 _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		PRESIDENT JEFFREY T. ROMNES 372 WINCHESTER PLACE LONGWOOD, FL 32779	
		V. PRESIDENT JONI K. WELZIEN 11227 SW 62ND AVE RD OCALA, FL 34476	
		CREATIVE DIRECTOR JUSTIN T. WELZIEN 372 WINCHESTER PLACE LONGWOOD, FL 32779	
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: <u>Joni K Welzien</u> JONI K WELZIEN		Date: <u>9/2/05</u> Day/Time Phone #: <u>352-875-7609</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Day/Time Phone #	