

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044696

FILED  
Aug 21, 2008  
Secretary of State

Entity Name: WILLPOWER PRODUCTIONS, LLC

**Current Principal Place of Business:**

11227 SW 62ND AVENUE RD  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

11227 SW 62ND AVENUE RD.  
OCALA, FL 34476 US

**New Mailing Address:**

FEI Number: 90-0182285      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:**

WELZIEN, JONI K  
11227 SW 62ND AVENUE RD.  
OCALA, FL 34476 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: P ( ) Delete  
Name: ROMNES, JEFFREY T  
Address: 372 WINCHESTER PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete  
Name: WELZIEN, JONI K  
Address: 11227 SW 62ND AVE RD  
City-St-Zip: Ocala, FL 34476

Title: CD ( ) Delete  
Name: WELZIEN, JUSTIN  
Address: 372 WINCHESTER PLACE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

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

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

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

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: JONI K. WELZIEN

VP

08/21/2008

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