

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050290

Entity Name: VISCERAL PRODUCTIONS, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

7726 CANNON BALL ROAD
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

7900 GLADES ROAD, SUITE 320
BOCA RATON, FL 33434 US

Current Mailing Address:

7726 CANNON BALL ROAD
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

7900 GLADES ROAD, SUITE 320
BOCA RATON, FL 33434 US

FEI Number: 20-1329847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOIGT, SUSAN D
7726 CANNON BALL ROAD
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

VOIGT, SUSAN D
7900 GLADES ROAD, SUITE 320
BOCA RATON, FL 33434 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:

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VOIGT, SUSAN D
Address: 7726 CANNON BALL ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGR () Delete
Name: HATFIELD, LARRY E
Address: 7726 CANNON BALL ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES:

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: SUSAN VOIGT

MGRM

03/23/2009

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