

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000050509

1. Entity Name

DIGIMEDIA PRODUCTIONS LLC



Principal Place of Business

6538 COLLINS AVENUE

# 204

MIAMI BEACH, FL 33141 US

Mailing Address

6538 COLLINS AVENUE

# 204

MIAMI BEACH, FL 33141 US

**FILED**

**Feb 26, 2007 08:00 AM**

**Secretary of State**



01302007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1425147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, TERESA C

6538 COLLINS AVENUE

# 204

MIAMI BEACH, FL 33141

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DRUMMOND, TERESA C  
6538 COLLINS AVENUE  
# 204, FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DRUMMOND, TERESA C  
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TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000649538  
03/07/07-80055-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Teresa Drummond TERESA DRUMMOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02-21-07 (305) 775-1501

Date

Daytime Phone #