

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000063716

1. Entity Name
KMA FILMS, LLC



Principal Place of Business
14 E. WASHINGTON STREET, SUITE 406
ORLANDO, FL 32801

Mailing Address
424 E. CENTRAL BLVD, SUITE 160
ORLANDO, FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09122005

Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-1566326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPILLER, RICHARD J
14 E. WASHINGTON STREET, SUITE 406
ORLANDO, FL 32801

Name LaFace, Suzanne M.

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

Suzanne M. LaFace

(NOTE: Registered Agent signature required when reinstating)

9/12/2005

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LAFACE, SUZANNE M
14 E. WASHINGTON STREET, SUITE 406
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
300059776099
09/20/05--01023--015 **50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

Suzanne M. LaFace

9/12/2005

407-420-1220

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

Date

Daytime Phone #