2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L04000067933

Entity Name: SLAPDASH PRODUCTIONS LLC

Current Principal Place of Business:

2601 SW ARCHER RD
BLDG I #136
GAINESVILLE, FL 32608 US

New Principal Place of Business:

421 W. CHURCH ST.
APT #618
JACKSONVILLE, FL 32202 US

Current Mailing Address:

1913 BELLE ANGELINE CT.
JACKSONVILLE, FL 32223 US

New Mailing Address:

421 W. CHURCH ST.
APT #618
JACKSONVILLE, FL 32202 US

FEI Number: 20-1631741 **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:

JOHNSON, JAMEYEL O
2601 SW ARCHER RD
BLDG I #136
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

JOHNSON, JAMEYEL O JAMEYEL
421 W. CHURCH ST.
APT #618
JACKSONVILLE, FL 32202 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: JAMEYEL JOHNSON 05/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JOHNSON, JAMEYEL O
Address: 2601 SW ARCHER RD
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, JAMEYEL O MGRM
Address: 1913 BELLE ANGELINE CT
City-St-Zip: JACKSONVILLE, FL 32223 US

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: JAMEYEL JOHNSON MGRM 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date