2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90045 012 ****55.00

DOCUMENT # L04000081701

1. Entity Name
HADDAD PRODUCTIONS LLC

20058639

04262005 Chg-LLC CR2E083 (10/03)

Principal Place of Business
~~1756 N. BAYSHORE DR.
#21G
MIAMI, FL 33132 US~~

Mailing Address
~~1756 N. BAYSHORE DR.
#21G
MIAMI, FL 33132 US~~

2. Principal Place of Business: 555 Washington Ave.
Suite, Apt. #, etc.: # 230
City & State: Miami, FL
Zip: 33139 Country: USA

3. Mailing Address: 555 Washington Ave.
Suite, Apt. #, etc.: # 230
City & State: Miami, FL
Zip: 33139 Country: USA

4. FEI Number: 20-1914973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HADDAD, PHILIPPE
1756 N. BAYSHORE DR.
#21G
MIAMI, FL 33132

7. Name and Address of New Registered Agent
Name: Haddad, Philippe
Street Address (P.O. Box Number is Not Acceptable): 555 Washington Ave.
City: Miami FL Zip Code: 33139

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] 4/29/2005
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete
NAME	HADDAD, PHILIPPE	
STREET ADDRESS	1756 N. BAYSHORE DR., #21G	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

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

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: [signature] 4/29/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #