

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084652

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** BODY HEAD ENTERTAINMENT FILMS, LLC

**Current Principal Place of Business:**

4400 BAYOU BLVD  
SUITE 13D  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

1765 E NINE MILE RD.  
SUITE 1-104  
PENSACOLA, FL 32514 US

**Current Mailing Address:**

1765 E. NINE MILE RD.  
SUITE 1-104  
PENSACOLA, FL 32514 US

**New Mailing Address:**

**FEI Number:** 86-1122566      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARVEY, TYRA A  
1765 E. NINE MILE RD  
SUITE 1-104  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HARVEY, CHAUNTEY L  
**Address:** 4400 BAYOU BOULEVARD, SUITE 13D  
**City-St-Zip:** PENSACOLA, FL 32503

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** HARVEY, CHAUNTEY L  
**Address:** 1765 E. NINE MILE ROAD, SUITE 1-104  
**City-St-Zip:** PENSACOLA, FL 32514

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:** CHAUNTEY L HARVEY      MGRM      01/16/2009

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