

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091075

Entity Name: REEL TIME PRODUCTIONS, LLC

FILED
Jul 07, 2005
Secretary of State

Current Principal Place of Business:

3199 HUTTERSFIELD CIRCLE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

3199 HUTTERSFIELD CIRCLE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 20-2277067 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:

GUTHRIE, MICHAEL A
3199 HUTTERSFIELD CIRCLE
PORT ST. JOE, FL 32301 US

Name and Address of New Registered Agent:

GUTHRIE, MICHAEL A
3199 HUTTERSFIELD CIRCLE
TALLAHASSEE, FL 32303 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: MIKE GUTHRIE

07/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUTHRIE, MICHAEL A
Address: 3199 HUTTERSFIELD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM () Delete
Name: COMBS, RAY E
Address: 1212 GUERNSEY STREET
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE GUTHRIE

MGR

07/07/2005

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