

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091075

FILED  
Jul 24, 2006  
Secretary of State

Entity Name: REEL TIME PRODUCTIONS, LLC

**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:**

**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: \_\_\_\_\_

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 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: MIKE GUTHRIE

MGR

07/24/2006

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