


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90105 003 \*\*\*\*50.00

<b>DOCUMENT # L04000093401</b> 1. Entity Name M.P.I. GROUP PRODUCTIONS, L.L.C.					
Principal Place of Business 168 S.E. 1ST STREET SUITE 1006 MIAMI, FL 33131 US			Mailing Address 168 S.E. 1ST STREET SUITE 1006 MIAMI, FL 33131 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  CHAPA, OSCAR 168 S.E. 1ST STREET SUITE 1006 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEON, GUILLERMO 168 S.E. 1ST STREET SUITE 1006 MIAMI, FL 33131		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> _____  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%;">         6/17/05  <small>Date</small> </div> <div style="width: 40%;">         305 350 90 43  <small>Daytime Phone #</small> </div> </div>					

# ATTACHMENT

20062605

## MPI GROUP PRODUCTIONS, LLC

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168 SE 1<sup>st</sup> Street  
Suite 1006  
Miami, FL 33131

6/17/2005

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: MPI Group Productions, LLC  
Doc # 04000093401  
EI # 20-2059363  
Dear Sir/Madam:

This is to inform you that we had not received the annual report form year 2005 due to the fact that you have the wrong address in your records, please waive the fees since I assumed my report was filed on time.

These instructions were given to me by phone today by: Mr. Michelle Milligan please find enclosed the report and check for the year 2005 for the amount of \$.50.00

Sincerely,



Guillermo Leon  
President