

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000086

FILED
Jul 14, 2007
Secretary of State

Entity Name: LOVE TRAP PRODUCTIONS, LLC

Current Principal Place of Business:

2671 UNIVERSITY BLVD., N.
#J-1
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

435 CLARK ROAD
#408-3
JACKSONVILLE, FL 32218 US

Current Mailing Address:

2671 UNIVERSITY BLVD., N.
#J-1
JACKSONVILLE, FL 32211 US

New Mailing Address:

435 CLARK ROAD
#408-3
JACKSONVILLE, FL 32218 US

FEI Number: 13-4291794 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:

GOODIN, FRANK
2671 UNIVERSITY BLVD., N.
#J-1
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

GOODIN, FRANK
435 CLARK ROAD
#408-3
JACKSONVILLE, FL 32218 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: FRANK GOODIN

07/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOODIN, FRANK
Address: 2671 UNIVERSITY BLVD., N., #J-1
City-St-Zip: JACKSONVILLE, FL 32211 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOODIN, FRANK
Address: 435 CLARK ROAD, #408-3
City-St-Zip: JACKSONVILLE, FL 32218 US

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: FRANK GOODIN

MGRM

07/14/2007

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