

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000002229

1. Entity Name  
POWER HOUSE PRODUCTIONS, LLC



**FILED**  
06 JAN -6 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1637 STUCKEY AVE.  
TALLAHASSEE, FL 32310

Mailing Address  
1637 STUCKEY AVE.  
TALLAHASSEE, FL 32310

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
826 N. LAKE SHORE DR.  
Suite, Apt. #, etc.

City & State  
TALLA. FL.

Zip  
32312

Country  
LEON



01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
JONES, ALEXIA  
1637 STUCKEY AVE.  
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent  
Name DOUGLAS PASSMORE  
Street Address (P.O. Box Number is Not Acceptable)  
826 N. LAKE SHORE DR.  
City TALLA. FL Zip Code 32312

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 Douglas Passmore  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASSMORE, DOUGLAS 826 N LAKE SHORE DR. TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700064014037 01/19/06--01006--009 **50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Douglas Passmore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #