## **2006 LIMITED LIABILITY COMPANY**

SIGNATURE:

## Feb 27, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L05000005604** 02-27-2006 90420 009 \*\*\*\*50.00 1. Entity Name 1 & I FILMS L.L.C. Principal Place of Business Mailing Address 555 NE 15TH STREET, SUITE 7719 555 NE 15TH STREET, SUITE 7719 20010692 MIAMI, FL 33132 MIAMI, FL 33132 2. Principal Place of Business Suite, Apt. #, etc. 01222006 Chg-LLC CR2E083 (11/05) Applied For City & State 4. FEI Number Not Applicable Country Zip \$5.00 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent . 6. Name and Address of Current Registered Agent GIBBS: SALAAM REMI Street Address (P.O. Box Number is Not Acceptable) **555 NE 15TH STREET, SUITE 7719** MIAMI, FL 33132 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete mn F ☐ Change Addition GIBBS, SALAAM REMI NAME NAME 555 NE 15TH STREET, SUITE 7719 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZTP THE □ Delete mne ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP = CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change 1 Addition IIILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

R PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED