Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

C/O L.ALEXANDER CPA

2 STOWE RD SUITE 2 PEEKSKILL, NY 10566

2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L05000005604 1. Entity Name 1 & I FILMS L.L.C.

Principal Place of Business

MIAMI, FL 33132

City & State

555 NE 15TH STREET, SUITE 7719

2. Principal Place of Business - No P.O. Box 8390 SW94th St

Jul 24, 2 Secret 07-24-200	200 ary	y of	State
60053255			
07172007 Chg-LLC	CR2E	E083 (12/0	06)
4. FEI Number 52-2449867	_		Applied For Not Applicable
5. Certificate of Status Desired		\$5.00 Fee Req	Additional uired
7. Name and Address of New Re	gistere	d Agent	
om Remi Gitob:	S		
O. Box Number is Not Acceptable)		
FL 2531574			
agent, or both, in the State of Florida. I am familiar with, and accept			
7/17/07			

USA6. Name and Address of Current Registered Agent GIBBS, SALAAM REMI 555 NE 15TH STREET, SUITE 7719 MIAMI, FL 33132 8. The above named entity submits this statement for the purgose of changing its registered office or registered the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE Make_check payable to Filing Pee is \$50.00 Due by September 14, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MĞRM TITLE Salaam Remi Gibbs 8390 SW 947 ST Miani FL 33156 **⊠** Change ☐ Addition TITLE Delete GIBBS, SALAAM REMI NAME NAME 555 NE 15TH STREET, SUITE 7719 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP ☐ Detete THLE Change ☐ Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition HILE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CHY-ST-ZIP Delete ☐ Change ☐ Addition TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THLE Change Addition THEF 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.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE