


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90135 042 \*\*\*142.75

**DOCUMENT # L05000005604**

1. Entity Name  
**1 & I FILMS L.L.C.**



Principal Place of Business <b>8390 SW 94TH ST          MIAMI, FL 33156</b>	Mailing Address <b>C/O L.ALEXANDER CPA          2 STOWE RD SUITE 2          PEEKSKILL, NY 10566</b>
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**60005783**



01202008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2449867</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**GIBBS, SALAAM REMI  
 8395 SW 94TH ST  
 MIAMI, FL 33156**

**DO NOT WRITE IN THIS SPACE**

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 Salaam Remi Gibbs DATE 1/20/08

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBBS, SALAAM REMI 8390 SW 94TH ST MIAMI, FL 33156
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**DO NOT WRITE IN THIS SPACE**

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: Lisa Alexander DATE 1/20/08 DAYTIME PHONE # (914) 788-9128

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