

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013265

FILED
Apr 30, 2009
Secretary of State

Entity Name: HEART FIRE PRODUCTIONS, LLC

Current Principal Place of Business:

127 WEST FAIRBANKS AVENUE
#501
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

127 WEST FAIRBANKS AVENUE
#501
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 68-0601700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURRE, LINNDA
127 WEST FAIRBANKS AVENUE
#501
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

DURRE, LINNDA
127 WEST FAIRBANKS AVENUE
#501
WINTER PARK, FL 327894326 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DURRE, LINNDA
Address: 127 WEST FAIRBANKS AVENUE, #501
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGR () Delete
Name: HERSH, MICHAEL
Address: 127 WEST FAIRBANKS AVENUE, #501
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DURRE, LINNDA
Address: 127 WEST FAIRBANKS AVENUE, #501
City-St-Zip: WINTER PARK, FL 327894326 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINNDA DURRE

MGRM

04/30/2009

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