

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016942

FILED
Mar 19, 2009
Secretary of State

Entity Name: NEVES MEDIA PRODUCTIONS, LLC

Current Principal Place of Business:

509 HARRISON AVENUE
2ND FLOOR, SUITE 202
PANAMA CITY, FL 32401

New Principal Place of Business:

1609 LISENBY AVENUE
PANAMA CITY, FL 32405

Current Mailing Address:

POST OFFICE BOX 390
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 42-1678837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEVES, RYAN S
1808 BRITTON LANE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

NEVES, PHILLIP T
1609 LISENBY AVENUE
PANAMA CITY, FL 32405 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: PHILLIP T NEVES

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEVES, RYAN S
Address: 1808 BRITTON LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: NEVES, PHILLIP T
Address: 704 AMY ST
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEVES, RYAN S
Address: 1609 LISENBY AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM (X) Change () Addition
Name: NEVES, PHILLIP T
Address: 1609 LISENBY AVENUE
City-St-Zip: PANAMA CITY, FL 32405

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: PHILLIP T NEVES

MGRM

03/19/2009

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