

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036091

FILED
Mar 19, 2009
Secretary of State

Entity Name: IMV FILMS, LLC

Current Principal Place of Business:

8520 NW 2ND PL
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

8520 NW 2ND PL
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 56-2514568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAPP, VIRGINIA E
4041 NW 37TH PLACE - SUITE B
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

GRIFFIS, VIRGINIA E
4041 NW 37TH PLACE - SUITE B
GAINESVILLE, FL 32606 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: VIRGINIA E. GRIFFIS

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHARUDATTAN, SAVITAR
Address: 8520 NW 2ND PL
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: PAGAN, DAVIAN E
Address: 4606 NW 30TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: IHNS, MICHAEL R
Address: 12957 MALLORY CIR #205
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES:

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

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

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: SAVITAR CHARUDATTAN

MGMR

03/19/2009

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