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Mar 31, 2006 8:00 am
Secretary of State
03-22-2006 90286 042 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000048288

1. Entity Name
JCD PRODUCTIONS, LLC

30003835

Principal Place of Business	Mailing Address
10802 W HILLSBOROUGH AVE #1804 TAMPA, FL 33615	10802 W HILLSBOROUGH AVE #1804 TAMPA, FL 33615

03202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1673 Fluorshire Dr.	1673 Fluorshire Dr.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Brandon Fl.	City & State: Brandon Fl.
Zip: 33511 Country: U.S.A.	Zip: 33511 Country: U.S.A

4. FEI Number: 20-2727611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CESAR DOMICO, JULIO
10802 W HILLSBOROUGH AVE #1804
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name: Julio Cesar Domico
Street Address (P.O. Box Number is Not Acceptable): 1673 Fluorshire Dr.
City: Brandon FL Zip Code: 33511

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 [signature] Mar-20-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CESAR DOMICO, JULIO 10802 W HILLSBOROUGH AVE #1804 TAMPA, FL 33615 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JULIO CESAR DOMICO 1673 Fluorshire Dr. Brandon, Fl. 33511 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Julio Domico March 20 06 8136554354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #