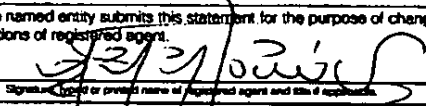
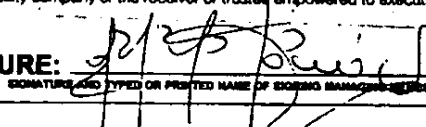


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-22-2006 90286 042 ****55.00

DOCUMENT # L05000048288					
1. Entity Name JCD PRODUCTIONS, LLC					
Principal Place of Business 10802 W HILLSBOROUGH AVE #1804 TAMPA, FL 33615			Mailing Address 10802 W HILLSBOROUGH AVE #1804 TAMPA, FL 33615		
2. Principal Place of Business 1673 Fluorshire Dr. Suite, Apt. #, etc.			3. Mailing Address 1673 Fluorshire Dr. Suite, Apt. #, etc.		
City & State Brandon FL			City & State Brandon FL		
Zip 33511		Country U.S.A.	Zip 33511		Country U.S.A.
4. Name and Address of Current Registered Agent CESAR DOMICO, JULIO 10802 W HILLSBOROUGH AVE #1804 TAMPA, FL 33615			5. 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		
6. 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  DATE Mar-20-06 Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing)					
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	
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	
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 606, Florida Statutes.					
SIGNATURE: 			Date March 20 2006 813 6554354 SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

30003835



03202006 Chg-LLC CR2E083 (11/05)

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

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required