2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# L05000052221

Entity Name: MOTION PICTURE ARTISTS INTERNATIONAL LLC

Current Principal Place of Business:

4790 WEST COMMERCIAL BLVD
TAMARAC, FL 33319 US

New Principal Place of Business:

370 CAMINO GARDENS BLVD
STE 101
BOCA RATON, FL 33432 US

Current Mailing Address:

4790 WEST COMMERCIAL BLVD
TAMARAC, FL 33319 US

New Mailing Address:

370 CAMINO GARDENS BLVD
STE 101
BOCA RATON, FL 33432 US

FEI Number: 20-2939096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSON, CARLTON M
4790 WEST COMMERCIAL BLVD
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

NELSON, CARLTON M
370 CAMINO GARDENS BLVD
STE 101
BOCA RATON, FL 33432 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: CARLTON NELSON 07/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NELSON, CARLTON M
Address: 4790 WEST COMMERCIAL BLVD
City-St-Zip: TAMARAC, FL 33319 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NELSON, CARLTON M
Address: 370 CAMINO GARDENS BLVD # 101
City-St-Zip: BOCA RATON, FL 33432 US

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: CARLTON NELSON MGR 07/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date