

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052384

FILED
Jun 14, 2007
Secretary of State

Entity Name: EAST COAST PRODUCTIONS, LLC

Current Principal Place of Business:

1044 DEES DR.
OVIEDO, FL 32765 US

New Principal Place of Business:

272 ORGANZA PLACE
CHULUOTA, FL 32766 US

Current Mailing Address:

1044 DEES DR.
OVIEDO, FL 32765 US

New Mailing Address:

272 ORGANZA PLACE
CHULUOTA, FL 32766 US

FEI Number: FEI Number Applied For (X) 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:

DAN, DIEHL
1044 DEES DR.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

DAN, DIEHL
272 ORGANZA PLACE
CHULUOTA, FL 32766 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: DAN L DIEHL

06/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIEHL, DAN
Address: 1044 DEES DR
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: SHIRLEY, JON P
Address: 7512 DR. PHILLIPS BLVD. SUITE 50-307
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIEHL, DAN
Address: 272 ORGANZA PLACE
City-St-Zip: CHULUOTA, FL 32766 US

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: DAN L DIEHL

MGR

06/14/2007

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