

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053239

Entity Name: RAIN PRODUCTIONS, LLC

FILED
Jul 26, 2009
Secretary of State

Current Principal Place of Business:

501 N. ORLANDO AVE., SUITE 313-306
WINTER PARK, FL 32789 US

New Principal Place of Business:

501 N. ORLANDO AVE.
SUITE 313-306
WINTER PARK, FL 32789 US

Current Mailing Address:

501 N. ORLANDO AVE., SUITE 313-306
WINTER PARK, FL 32789 US

New Mailing Address:

501 N. ORLANDO AVE.
SUITE 313-306
WINTER PARK, FL 32789 US

FEI Number: 20-3012981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MACLEAN, KRISTY
501 N. ORLANDO AVE., SUITE 313-306
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MACLEAN, KRISTY
4606 ROSE OF TARA WAY
ORLANDO, FL 32808 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: KRISTY MACLEAN

07/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACLEAN, KRISTY
Address: 501 N. ORLANDO AVE., SUITE 313-306
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MACLEAN, KRISTY
Address: 4606 ROSE OF TARA WAY
City-St-Zip: ORLANDO, FL 32808 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: KRISTY MACLEAN

MGR

07/26/2009

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