

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064989

Entity Name: C3 PRODUCTIONS LTD. CO.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

14387 SILVER LAKES CIRCLE
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

14387 SILVER LAKES CIRCLE
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 59-3811593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPONE, DONALD L MGRM
14387 SILVER LAKES CIRCLE
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAPONE, MICHAEL A
Address: 14387 SILVER LAKES CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MGRM () Delete
Name: CAPONE, STEPHEN L
Address: 14387 SILVER LAKES CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: MGRM () Delete
Name: CAPONE, DONALD L
Address: 14387 SILVER LAKES CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD L. CAPONE

MGRM

04/07/2009

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