

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069252

Entity Name: 138PRODUCTIONS L.L.C.

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

3800 SW 34TH ST
APT B20
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

3800 SW 34TH ST
APT B20
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-4014979 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:

Name and Address of New Registered Agent:

HOSTERT, COLIN
3800 SW 34TH ST
APT B20
GAINESVILLE, FL 32608 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOSTERT, COLIN
Address: 3800 SW 34TH ST APT B20
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM (X) Delete
Name: JONES, BEN D
Address: 4320 NW 29 TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: SLADE, SKYLER
Address: 9509 NE 79 WAY
City-St-Zip: GAINESVILLE, FL 32609

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: COLIN HOSTERT

MGRM

05/05/2008

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