

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104048

Entity Name: SATTVA PRODUCTIONS LLC

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

624 DOUGLAS AVE., SUITE 1408
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

624 DOUGLAS AVE., SUITE 1408
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 56-2539197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ADAM P
4204 PLANTATION COVE DRIVE
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

WILLIAMS, ADAM P
965 SILVERTIP RD
APOPKA, FL 32712 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: ADAM WILLIAMS

01/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, YUTI J
Address: 4204 PLANTATION COVE DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: MGRM () Delete
Name: WILLIAMS, ADAM P
Address: 4204 PLANTATION COVE DRIVE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, YUTI J
Address: 965 SILVERTIP RD
City-St-Zip: APOPKA, FL 32712

Title: MGRM (X) Change () Addition
Name: WILLIAMS, ADAM P
Address: 965 SILVERTIP RD
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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: ADAM WILLIAMS

MGRM

01/31/2007

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