

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000196

FILED
Apr 27, 2007
Secretary of State

Entity Name: VIVID HORIZON PRODUCTIONS, LLC

Current Principal Place of Business:

338 OAKLAKE LN.
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

338 OAKLAKE LN.
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 20-4050642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: FIORELLO, JEFFREY B
Address: 25-50 30TH ROAD, APT 1A
City-St-Zip: ASTORIA, NY 11102 US

Title: MGRM (X) Delete
Name: FIORELLO, CHRISTOPHER J
Address: 338 OAKLAKE LN.
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM () Delete
Name: FIORELLO, JOSEPH A
Address: 338 OAKLAKE LN.
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIORELLO, JEFFREY B
Address: 31-59 41ST ST.
City-St-Zip: ASTORIA, NY 11102 US

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: JOSEPH A. FIORELLO

MGRM

04/27/2007

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