

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000599

FILED
Apr 26, 2007
Secretary of State

Entity Name: LEFT JAB PRODUCTIONS, LLC

Current Principal Place of Business:

1243 N. HARBOR CITY BLVD.
#C
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

1243 N. HARBOR CITY BLVD.
#C
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 20-4037774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUVIER, PAUL A
3210 N. WICKHAM ROAD
SUITE 5
MELBOURNE, FL 32935 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: FRANK FILMS, INC.,
Address: 8960 CYNTHIA STREET, SUITE CL2
City-St-Zip: WEST HOLLYWOOD, CA 90069 US

Title: MGRM () Delete
Name: LIVING THE DREAM PRO, DUTIONS, INC.
Address: 8960 CYNTHIA STREET, SUITE CL2
City-St-Zip: WEST HOLLYWOOD, CA 90069 US

Title: MGRM () Delete
Name: PSYCHOBILLY, LLC,
Address: 1243 N. HARBOR CITY BLVD. #C
City-St-Zip: MELBOURNE, FL 32935 US

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: WILLIAM D LANE

MGRM

04/26/2007

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