## 2007 LIMITED LIABILITY COMPANÝ ANNUAL REPORT

## FILED May 15, 2007 8:00 am Secretary of State 04-23-2007 90361 012 \*\*\*\*50.00

DOCUMENT # L06000008666						3 . <b>2</b> 5 <b>2</b> 3 .	)/ 90 <b>3</b> 61 012 *	30.00
Entity Name     SHARK VIDEO PRODUCTIONS, L.L.C.								
Principal Place of Business 8094 RED REEF LANE BOYNTON BEACH, FL 33436		Mailing Address 8094 RED REEF LANE BOYNTON BEACH, FL 33436		1 1785 7 11 611		078 <b>70</b>	11601 M (02)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State			4. FEI Number	05638	'/ ⊢	optied For ot Applicable
Zip	Country	Zip	Coun	iry		of Status Desired	S \$5.00 Add Fee Require	
B. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
	6, MARK REEF LANE 1 BEACH, FL 33436	Street Address		Street Address (	P.O. Box Number	er is Not Acceptable	)	
<b>.</b> '	• •			City			FL Zip Coo	le
	named entity submits this statement for	or the purpose of changing its	register	ed office or register	red agent, or bot	th, in the State of Flo		and accept
	ions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered against	and title if applicable. (NOT)	E: Registers	d Agent signelure required	when reinessing)		DATÉ	
Filing Fee is \$50.00 Due by May 1, 2007						Florida	check payable to Department of Stat	
9.	MANAGING MEMBI		10.			ADDITIONS/	CHANGES	
TITLE		Delate	TITLE TITLE	r			☐ Channe	☐ Addition
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2007 LIMPTED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000008666

1. Entity Name ATTACHMENT SHARK VIDEO PRODUCTIONS, L.L.C Principal Place of Business Mailing Address 8094 RED REEF LANE **8094 RED REEF LANE BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 CR2E083 (12/06) Chg-LLC City & State City & State Applied For 51-056538 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOURNES, MARK Street Address (P.O. Box Number is Not Acceptable) 8094 RED REEF LANE BOYNTON BEACH, FL 33436 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. (NQTE: Registered Agent algnesure required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM Change Addition TITLE ☐ Delete TITLE BOURNES, MARK MALE 8094 RED REEF LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-200 BOYNTON BEACH, FL 33436 ☐ Change Addition Deteta TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete HALL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Deleta TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CTTY-ST-ZIP Delete TITLE Change Addition TITLE MALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. 4-16-07 G MANAGRIG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE