

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000015122

Entity Name: NMG PRODUCTIONS, LLC

FILED
Dec 16, 2009
Secretary of State

Current Principal Place of Business:

11431 81ST COURT NORTH
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

SAFE HARBOUR C/O 11420 US HWY ONE
SUITE 147
NORTH PALM BEACH, FL 33408

New Mailing Address:

11431 81ST COURT NORTH
WEST PALM BEACH, FL 33412

FEI Number: 20-4312050 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:

ELGIDELY, ROBERT F ESQ.
888 EAST LAS OLAS BOULEVARD
SUITE 508
FORT LAUDERDALE, FL 33301 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: ROBERT ELGIDELY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: BRANDT, NELSON
Address: 250 HILL AND PLAIN ROAD
City-St-Zip: EAST FALMOUTH, MA 02536

Title: MGR () Delete
Name: GOELZ, MICHAEL
Address: 11431 81ST COURT NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES:

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: MICHAEL GOELZ

MGR

12/16/2009

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