

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020688

FILED
Jul 14, 2007
Secretary of State

Entity Name: THUNGOD PRODUCTIONS, LLC

Current Principal Place of Business:

101 W. STRAWBRIDGE AVENUE
APT. B5
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

101 W. STRAWBRIDGE AVENUE
APT. B5
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

JOHNSON, NERISSA
8717 N. RENFREW PLACE
TAMPA, FL 33604 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: JONES, CARLOS
Address: 101 W. STRAWBRIDGE AVENUE, APT. B5
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: JOHNSON, WILLIAM
Address: 8717 N. RENFREW PLACE
City-St-Zip: TAMPA, FL 33604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: JOHNSON, NERISSA
Address: 8717 N. RENFREW PLACE
City-St-Zip: TAMPA, FL 33604

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: CARLOS JONES

MGR

07/14/2007

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