2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L06000026686

Entity Name: TOUCH PRODUCTIONS LLC

Current Principal Place of Business:

4491 S. STATE RD. 7
#314
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4491 S. STATE RD. 7
#314
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 11-3773515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERMAN, LLOYD B
4491 S STATE RD. 7
#314
DAVIE, FL 33314 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:	MGR	( ) Delete
Name:	FITZGERALD, MICHAEL	
Address:	4491 S. STATE RD. 7 #314	
City-St-Zip:	DAVIE, FL 33314 US	
Title:	MGRM	( ) Delete
Name:	FREAS, SAMUEL	
Address:	4491 S. STATE RD. 7 #314	
City-St-Zip:	DAVIE, FL 33314 US	
Title:	MGRM	( ) Delete
Name:	SILVERMAN, LLOYD	
Address:	4491 S. STATE RD. 7 #314	
City-St-Zip:	DAVIE, FL 33314 US	
Title:	MGRM	( ) Delete
Name:	ALBERT LLORDRA,	
Address:	4491 S. STATE RD. 7 #314	
City-St-Zip:	DAVIE, FLORIDA 33314, FL 33314 US	
Title:	MGRM	(X) Delete
Name:	FORESTER, SAMUEL	
Address:	1410 SLEEPY HOLLOW LANE	
City-St-Zip:	LONGVIEW, TX 75604 US	
Title:	MGRM	(X) Delete
Name:	FREAS, ROSEMARY	
Address:	4491 S. STATE RD. 7 #314	
City-St-Zip:	DAVIE, FL 33314 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:		
Title:	MGRM	(X) Change ( ) Addition
Name:	FREAS, ROSEMARY S	
Address:	4491 S. STATE RD. 7 #314	
City-St-Zip:	DAVIE, FLORIDA 33314, FL 33314 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 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: ROSEMARY S. FREAS MGRM 04/23/2007

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