

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4. **FILED**
May 04, 2007 8:00 am
Secretary of State

04-12-2007 90179 017 ****50.00

DOCUMENT # L06000033757 1. Entity Name CST ENTERTAINMENT PRODUCTIONS, LLC					
Principal Place of Business 11848 HEATHER GROVE LANE JACKSONVILLE, FL 32223			Mailing Address 11848 HEATHER GROVE LANE JACKSONVILLE, FL 32223		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 75-3212790	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE 3 773 4TH AVENUE NORTH NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Barry Olsavsky</i></u> BARRY OLSAVSKY <u>4/9/07</u> Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLSAVSKY, BARRY 11848 HEATHER GROVE LANE JACKSONVILLE, FL 32223	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	12258 DEEDER LANE JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLSAVSKY, BARBARA 11848 HEATHER GROVE LANE JACKSONVILLE, FL 32223	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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.					
SIGNATURE: <u><i>Barry Olsavsky</i></u> BARRY OLSAVSKY <u>4/9/07</u> <u>904-536-4166</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					