


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90040 011 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L06000034295</b>              |  |
| 1. Entity Name<br>TVM ENTERTAINMENT, L.L.C. |   |

|  |  |
|--|--|
| Principal Place of Business<br>4312 SOUTH KIRKMAN ROAD, #1414<br>ORLANDO, FL 32811 | Mailing Address<br>4312 SOUTH KIRKMAN ROAD, #1414<br>ORLANDO, FL 32811 |
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|--|--|
| 2. Principal Place of Business - No P.O. Box #<br>911 N. ORANGE AVE<br>Suite, Apt. #, etc. 150 | 3. Mailing Address<br>911 N. ORANGE AVE<br>Suite, Apt. #, etc. 150 |
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04242007 Chg-LLC CR2E083 (12/06)

|                             |                             |                             |  |
|-----------------------------|-----------------------------|-----------------------------|--|
| City & State<br>ORLANDO, FL | City & State<br>ORLANDO, FL | 4. FEI Number<br>20-4622529 | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>32801                | Country<br>USA              | Zip<br>32801                | Country<br>USA   |

5. Certificate of Status Desired  \$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent

BRADLEY, DERWIN J  
4312 SOUTH KIRKMAN ROAD, #1414  
ORLANDO, FL 32811

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, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 04/24/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

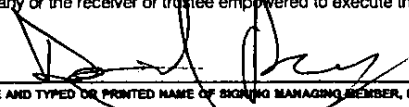
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BRADLEY, DERWIN J<br>4312 SOUTH KIRKMAN ROAD, #1414<br>ORLANDO, FL 32811 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SAME<br>SAME<br>911 N. ORANGE AVE 150<br>ORLANDO, FL - 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE 04/24/2007 DAYTIME PHONE # 407 340-6823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE