


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L06000034295	
1. Entity Name TVM ENTERTAINMENT, L.L.C.	

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

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 20-4622529	Applied For <input type="checkbox"/> Not Applicable
Zip 32801	Country USA	Zip 32801	Country 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	
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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: *Derwin J Bradley* (NOTE: Registered Agent signature required when reinstating) DATE: 04/24/2007

**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	MGRM BRADLEY, DERWIN J 4312 SOUTH KIRKMAN ROAD, #1414 ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 911 N. ORANGE AVE 150 ORLANDO, FL - 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Derwin J Bradley* DATE: 04/24/2007 DAYTIME PHONE #: 407 340-6823