


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**



2. Principal Place of Business - No P.O. Box #
911 N. ORANGE AVE

Suite, Apt. #, etc.
150

City & State
ORLANDO, FL

Zip
32801

Country
USA

3. Mailing Address
911 N. ORANGE AVE

Suite, Apt. #, etc.
150

City & State
ORLANDO, FL

Zip
32801

Country
USA

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4622529

Applied For
 Applied For
 Not Applicable

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 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 | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|--|
| 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"/> Change <input type="checkbox"/> Addition |
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| 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:  DATE **04/24/2007** DAYTIME PHONE # **407 340-6823**

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