2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000049822

1. Entity Name

DOVÉ VIDEO PRODUCITONS, L.L.C.



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

8525 WINDY CIRCLE BOYNTON BEACH, FL 33437 225 SOUTHERN BLVD SUITE 102 WPB, FL 33405



07072008No Chg-LLC

CR2E083 (12/07)

| 4. FEI Number 03-0595327 | | Applied For | |
|----------------------------------|---|-----------------------------------|--|
| 03-0393327 | | Not Applicable | |
| 5. Certificate of Status Desired | X | \$5.00 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YOUNG, DEBRA 8525 WINDY CIRCLE BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

| 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, a the obligations of registered agent. | | | | | | | |
|--|--|------------------------------|--|---|------|--|--|
| SIGN | JATURE | and title if applicable | (NOTE, Registered | Agent signature required when reinstating) | DATE | | |
| | FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | In accordar liability con | nce with s. 607.19 npany did not rece | 3(2)(b), F.S., the limited sive the prior notice. | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | | | |
| | MCD | | | | • | | |

| TITLE NAME STREET ADDRESS | MGR YOUNG, DEBRA A 8525 WINDY CIRCLE | | | |
|---|--|--|--|--|
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the ex | | | | |

U00000954197 07/11/08-80004-005 143.75

DO NOT WRITE IN THIS SPACE

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: Louis a June Signature and typed or printed name of albining managing member, or authorized representative

7-6-08 (561) 738-006