

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90281 028 \*\*\*\*55.00

<b>DOCUMENT # L06000056332</b> 1. Entity Name <b>CORY HILL PRODUCTIONS, LLC</b>					
Principal Place of Business <b>5670 DUNFRIES ST N</b> <b>ST PETERSBURG, FL 33709 US</b>			Mailing Address <b>5670 DUNFRIES ST N</b> <b>ST PETERSBURG, FL 33709 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02232007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>20-5272907</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name <b>KATHY J. BRADLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>5670 DUNFRIES ST. N.</b> City <b>ST PETERSBURG</b> <b>FL</b> Zip Code <b>33709</b>		
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 <i>Kathy J. Bradley</i> <b>KATHY J. BRADLEY</b> ASSOC. PRODUCER <b>2/28/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>RUN THE LINE ENTERTAINMENT, INC.</b> <b>5670 DUNFRIES ST N</b> <b>ST PETERSBURG, FL 33709</b> <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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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: <i>Rm Bradley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/28/07 727-544-3814 <small>Date Daytime Phone #</small>		