

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060236

Entity Name: 2BFIERCE PRODUCTIONS LLC

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

2507 ROSE BLVD  
ORLANDO, FL 32839 US

## New Principal Place of Business:

14229 FALLS CHURCH DRIVE  
1705  
ORLANDO, FL 32837 US

## Current Mailing Address:

2507 ROSE BLVD  
ORLANDO, FL 32839 US

## New Mailing Address:

14229 FALLS CHURCH DRIVE  
1705  
ORLANDO, FL 32837 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

GARCIA, LUIS DAMIAN  
2507 ROSE BLVD  
ORLANDO, FL 32839 US

## Name and Address of New Registered Agent:

GARCIA, LUIS DAMIAN  
14229 FALLS CHURCH DRIVE  
1705  
ORLANDO, FL 32837 US

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.

SIGNATURE: LUIS DAMIAN GARCIA

05/01/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GARCIA, LUIS DAMIAN  
Address: 2507 ROSE BLVD  
City-St-Zip: ORLANDO, FL 32839 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GARCIA, LUIS DAMIAN  
Address: 14229 FALLS CHURCH DRIVE #1705  
City-St-Zip: ORLANDO, FL 32837 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS DAMIAN GARCIA

MNGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date