

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067035

FILED
Aug 24, 2007
Secretary of State

Entity Name: DREAMCHASERS PRODUCTIONS LLC

Current Principal Place of Business:

17615 WEST BEAVER STREET
JACKSONVILLE, FL 32234

New Principal Place of Business:

Current Mailing Address:

17615 WEST BEAVER STREET
JACKSONVILLE, FL 32234

New Mailing Address:

FEI Number: 16-1765154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

LEDET, ERIC
3270 RICKY DRIVE, APT. 1101
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

LEDET, ERIC
17615 WEST BEAVER STREET
JACKSONVILLE, FL 32234 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: ERIC LEDET

08/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARROLD, CHARLES II
Address: 17615 WEST BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32234

Title: MGR () Delete
Name: LEDET, ERIC
Address: 3270 RICKY DRIVE, APT. 1101
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LEDET, ERIC
Address: 17615 WEST BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32234

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: ERIC LEDET

MGR

08/24/2007

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