

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000072197

Entity Name: XTP PRODUCTIONS, LLC

**FILED**  
**Nov 03, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1301 N. 35 AVE.  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

1301 N. 35 AVE.  
HOLLYWOOD, FL 33021

**New Mailing Address:**

17401 LONDELIUS STREET  
NORTHRIDGE, CA 91325

FEI Number: 56-2602956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BOLLER, DAWN  
1301 N. 35 AVE.  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

GORDIN, DAVID  
1301 N. 35TH AVE  
HOLLYWOOD, FL 33021 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: DAVID GORDIN

11/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOLLER, DAWN  
Address: 1301 N. 35 AVE.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM (X) Delete  
Name: GORDIN, DAVID  
Address: 17401 LONDELIUS ST.  
City-St-Zip: NROTH RIDGE, CA 91325

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GORDIN, DAVID  
Address: 17401 LONDELIUS STREET  
City-St-Zip: NORTHRIDGE, CA 91325

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

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: DAVID GORDIN

MGR

11/03/2009

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