2008 LIMITED LIABILITY COMPANY

Secretary of State ANNUAL REPORT **DOCUMENT # L06000078123** 06-02-2008 90258 028 ***138.75 MOVING ON PRODUCTIONS, LLC Principal Place of Business Mailing Address 50006573 4885 STATE RD. 11 4885 STATE RD. 11 DELEON SPRINGS, FL 32130 DELEON SPRINGS, FL 32130 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05192008 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 01-0900598 Not Applicable Zip Zio Country Country \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IGLESIAS, RAMON J 4885 STATE RD. 11 Street Address (P.O. Box Number is Not Acceptable) DELEON SPRINGS, FL 32130 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 Florida Department of State <u>.:6 * ...</u> MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Change Addition IGLESIAS, RAMON J NAME NAME STREET ADDRESS 4885 STATE RD, 11 STREET ADDRESS CITY-ST-ZIP DELEON SPRINGS, FL 32130 CITY-ST-ZIP TITLE ☐ Addition Defete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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.

FILED Jun 02, 2008 8:00 am

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE