

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116230

FILED
Jul 08, 2008
Secretary of State

Entity Name: MISCONCEPTIONS PRODUCTIONS, LLC

Current Principal Place of Business:

4737 DOLPHIN CAY LANE S.
#407
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

4737 DOLPHIN CAY LANE S.
#407
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 20-8013362 FEI Number Applied For () 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:

LAW OFFICES OF LAWRENCE H HABER, P.A.
1579 LAKE BALDWIN LANE
SUITE B
ORLANDO, FL 32814 US

Name and Address of New Registered Agent:

LAW OFFICES OF LAWRENCE H HABER, P.A.
6131 MESSINA LANE
SUITE 305
COCOA BEACH, FL 32814 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:

07/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SATLOF, RON
Address: 4737 DOLPHIN CAY LANE S., #407
City-St-Zip: ST. PETERSBURG, FL 33711

Title: MGRM () Delete
Name: PEARLSTEIN, IRA
Address: 28 STERLING PLACE
City-St-Zip: BROOKLYN, NY 11217

ADDITIONS/CHANGES:

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

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: RON SATLOF

MGRM

07/08/2008

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