

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000119214

Entity Name: EKG PRODUCTIONS, LLC

FILED  
Nov 06, 2007  
Secretary of State

**Current Principal Place of Business:**

541 BIRDSONG CT  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

541 BIRDSONG CT  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 20-8178882      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:**

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

MCFADDEN, CORNELIUS P  
541 BIRDSONG CT  
LONGWOOD, FL 32779 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: CORNELIUS P MCFADDEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEB ONE USA BUSINESS, CONSULTANTS, I NC  
Address: 541 BIRDSONG CT  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM ( ) Delete  
Name: HARP, EVERETTE  
Address: 25105 W SOUTHWIND CT  
City-St-Zip: STEVENSON RANCH, CA 91381 US

**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: CORNELIUS P MCFADDEN

MGRM

11/06/2007

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