


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-02-2008 90018 021 ***138.75
L07000001547

FILED

08 MAY 30 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000001547 1. Entity Name SWEET AXE PRODUCTIONS, LLC	
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Principal Place of Business 204 37TH AVENUE N. #214 ST. PETERSBURG, FL 33704 US	Mailing Address 204 37TH AVENUE N. #214 ST. PETERSBURG, FL 33704 US
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2. Principal Place of Business - No P.O. Box # 204 37th Ave N	3. Mailing Address 204 37th Ave N
Suite, Apt. #, etc. #214	Suite, Apt. #, etc. #214

City & State Saint Petersburg, FL	City & State Saint Petersburg, FL
Zip 33704	Zip 33704
Country USA	Country USA



04082008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

MULLIGAN, BRUCE L
 204 37TH AVENUE N, #214
 ST. PETERSBURG, FL 33704

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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: *Bruce L Mulligan* DATE: **4-17-2008**

(NOTE: Registered Agent signatures required when renewing)

FILE NOW!!! - FEE IS \$138.75
After May 1, 2008 Fee will be \$338.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	MULLIGAN, BRUCE L
STREET ADDRESS	204 37TH AVENUE N., #214
CITY - ST - ZIP	ST. PETERSBURG, FL 33704
TITLE	Managing member <input type="checkbox"/> Delete
NAME	Beth Rogers
STREET ADDRESS	204 37th Ave N. #214
CITY - ST - ZIP	Saint Petersburg, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	
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.

SIGNATURE: *Bruce L Mulligan* DATE: **4-17-2008**