2008 LIMITED LIABILITY COMPANY ANNUAL REPORT					FILED Mar 19, 2008 8:00 am Secretary of State 03-19-2008 90147 041 ***138.75	
1. Entity Nam ENVISION	N PRODUCTIONS, LLC				05-19-2008 90147 (941 138.73
Principal Place of Business 2200 NORTH FEDERAL HWY STE 200 BOCA RATON, FL 33431		Mailing Address 2200 NORTH FEDERAL HWY STE 200 BOCA RATON, FL 33431			60015760	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite; Apt. #, etc.		Suite, Apt_#, etc.		03142008	03142008	
City & State		City & State		4. FEI Numl	4. FEI Number 20-8599717 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name an	d Address of New Registered Ag	
	I, ERIC R TH FEDERAL HWY STE 200 FON, FL 33431			s (P.O. Box Num	ber is Not Acceptable)	
			City	City FL Zip Code		
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered agen		S registered Office or regit	-	oth, in the State of Honda. I am far DATE	nillar with, and accept
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State		
Ð. INTLE	MANAGING MEME		10. TITLE		ADDITIONS/CHANGES	Change Addition
NAME STREET ADORESS CITY-ST-ZIP	JOHNSON, ERIC R 2200 NORTH FEDERAL HWY S BOCA RATON, FL 33431	Delete	NAME STREET ADDRESS CITY-ST-ZIP		L	
title Name Street address City-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] Change 📋 Addiilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
title Name Street address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ſ	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	[Change Addition
11. Thereby d	certify that the information supplied wi on this report is frue and accurate an ubility company or the receiver of trust	th this filing does not qualify to d that my signature shall have ee empowered to execute this	or the exemptions contain the same legal effect as report as required by Ch	ed in Chapter 119 if made under oa apter 608, Florida	 Florida Statutes. I further certify the transmission of transmission of the transmission of trans	hat the information or manager of the
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