2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L07000037458

Entity Name: INTERMEDIA PRODUCTIONS, LLC

Current Principal Place of Business:

1460 MAIN STREET, SUITE 1
SARASOTA, FL 34236

New Principal Place of Business:

1234 2ND STREET
SARASOTA, FL 34236

Current Mailing Address:

1460 MAIN STREET, SUITE 1
SARASOTA, FL 34236

New Mailing Address:

1234 2ND STREET
SARASOTA, FL 34236

FEI Number: 71-1030352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLYNN, JAMES L
1460 MAIN STREET, SUITE 1
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

FLYNN, JAMES L
1234 2ND STREET
SARASOTA, FL 34236 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: _____ 04/25/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FLYNN, JAMES L
Address: 1460 MAIN STREET, SUITE 1
City-St-Zip: SARASOTA, FL 34236

Title: MGRM ( ) Delete
Name: FLYNN, JEAN L
Address: 1460 MAIN STREET, SUITE 1
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FLYNN, JAMES L
Address: 1234 2ND STREET
City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Change ( ) Addition
Name: FLYNN, JEAN L
Address: 1234 2ND STREET
City-St-Zip: SARASOTA, FL 34236

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: JAMES L. FLYNN MGR 04/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date