2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038451

Name:

Address:

City-St-Zip:

Entity Name: HAMILTON PRODUCTIONS, L.L.C.

1915 BRANDON BROOK ROAD

VALRICO, FL 33594

FILED Jun 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1915 BRANDON BROOK ROAD VALRICO, FL 33594 **Current Mailing Address: New Mailing Address:** 1915 BRANDON BROOK ROAD VALRICO, FL 33594 FEI Number: 13-4357647 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: HAMILTON, DAVID A 1915 BRANDON BROOK ROAD VALRICO, FL 33594 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HAMILTON, JOHN A Name: Name: Address: 145 VANCEVILLE ROAD Address: City-St-Zip: EIGHTY FOUR, PA 15330 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HAMILTON, VIRGINIA L Name: Address: 145 VANCEVILLE ROAD Address: City-St-Zip: EIGHTY FOUR, PA 15330 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HAMILTON, DAVID A Name: Name: 1915 BRANDON BROOK ROAD Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HAMILTON, PAMELA R

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID HAMILTON **MGRM** 06/26/2009