

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90070 025 \*\*\*138.75

<b>DOCUMENT # L07000059823</b>	
1. Entity Name HORIZON EAST PRODUCTIONS LLC	

Principal Place of Business 906 LAKEMONT DRIVE VALRICO, FL 33594 US	Mailing Address 906 LAKEMONT DRIVE VALRICO, FL 33594 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>P.O. Box 1490</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>BRANDON FL.</i>
Zip	Country
<i>33509</i>	<i>USA</i>

01052008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
*EIN# 26-0541775*

5. Certificate of Status Desired  \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.  
 13302 WINDING OAKS BLVD  
 SUITE A-100  
 TAMPA, FL 33612-3425

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VARDALOS, GRACE M 906 LAKEMONT DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VARDALOS, PHILLIP T 906 LAKEMONTE DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *J. Vardalos* PHILLIP T. VARDALOS *1/21/08* 813-655-9234  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #