


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000076170		
1. Entity Name YUNG GANGSTA PRODUCTIONS L.L.C.		

Principal Place of Business 7910 NAPO DRIVE JACKSONVILLE, FL 32217	Mailing Address P.O. BOX 56935 JACKSONVILLE, FL 32247
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 56935	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32241	USA	32241	USA

FILED
08 SEP 24 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA



09212008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent DODD, SONIA 7910 NAPO DRIVE JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DODD, SONIA P.O. BOX 56935 JACKSONVILLE, FL 322416935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 500136306165 09/24/08--01032--008 ***143.75	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, FREDRICK P.O. BOX 56935 JACKSONVILLE, FL 322416935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, ALEX P.O. BOX 56935 JACKSONVILLE, FL 322416935	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **9/22/08 904-732-1005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #