


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 DEC 16 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L07000079858					
1. Entity Name BELLE MOON PRODUCTIONS, LLC					
Principal Place of Business 7953 RAMONA STREET MIRAMAR, FL 33023			Mailing Address 7953 RAMONA STREET MIRAMAR, FL 33023		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10302008 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELIN, GUETTY 7953 RAMONA STREET MIRAMAR, FL 33023			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 <i>See # 11 for signature</i> DATE					
<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2009, Fee will be \$377.50</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELIN, GUETTY		NAME	<del>500139233247</del>	
STREET ADDRESS	7953 RAMONA STREET		STREET ADDRESS	12/15/08 - 01031 - 008 ***243.75	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	COTEN, HERVE	
STREET ADDRESS			STREET ADDRESS	Manager	
CITY-ST-ZIP			CITY-ST-ZIP	7953 RAMONA STREET MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	700139233247	
STREET ADDRESS			STREET ADDRESS	12/23/08 - 01014 - 013 ***243.75	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>		11-15-2008		305-735-3454	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	