

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000097591

1. Entity Name
INITIAL J. PRODUCTIONS, LLC



**FILED
Jan 22, 2008 8:00 am
Secretary of State**

01-22-2008 90123 028 ***138.75

11-22-08



01042008 Chg-LLC CR2E083 (12/06)

Principal Place of Business
1770 HAMMOCK BLVD
COCONUT CREEK, FL 33063

Mailing Address
1770 HAMMOCK BLVD
COCONUT CREEK, FL 33063

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

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GATTO, JANUARY
1770 HAMMOCK BLVD
COCONUT CREEK, FL 33063

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER** Delete
NAME **JANUARY GATTO**
STREET ADDRESS **1770 HAMMOCK BLVD**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MANAGER** Delete
NAME **JASON GATTO**
STREET ADDRESS **1770 HAMMOCK BLVD**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *January Gatto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11-22-08 954-326-1892

Date

Daytime Phone #