2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099466

Entity Name: MAT-E-RICH PRODUCTIONS LLC

7500 OSCEOLA POLK LINE RD LOT 60

DAVENPORT, FL 33896 US

Address:

City-St-Zip:

FILED Jun 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 519 SONJA CIR 519 SONJA CIR DAVENPORT, 33897 US DAVENPORT, FL 33897 US **Current Mailing Address: New Mailing Address:** 519 SONJA CIR 519 SONJA CIR DAVENPORT, 33897 US DAVENPORT, FL 33897 US FEI Number: 26-0880547 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: HARRIS, RICHARD ACCT 7500 OSCEOLA POLK LINE RD LOT 60 DAVENPORT, FL 33896 US 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: () Delete Title: () Change () Addition MGR BURTON, MATTHEW OWNER Name: Name: 519 SONJA CIR Address: Address: City-St-Zip: DAVENPORT, FL 33897 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BURTON, SANDRA TREASUR Name: Name: Address: 519 SONJA CIR Address: City-St-Zip: DAVENPORT, FL 33897 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BURTON, GAUNTLETT MANAGER Name: Name: Address: 519 SONJA CIR Address: City-St-Zip: DAVENPORT, FL 33897 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: HARRIS, SHAKIRA T MANAGER Name: HARRIS, RICHARD D ACCT 7500 OSCEOLA POLK LINE RD LOT 60 7500 OSCEOLA POLK LINE RD LOT 60 Address: Address: City-St-Zip: DAVENPORT, FL 33896 US City-St-Zip: DAVENPORT, FL 33896 US Title: MGRM (X) Delete Title: () Change () Addition HARRIS, RICHARD D ACCT Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: SANDRA BURTON MGRM 06/02/2008