

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109247

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** ANTHONY DEMEDICI PRODUCTIONS LLC

**Current Principal Place of Business:**

461 NW 87TH TERRACE #104  
PLANTATION, FL 33324

**New Principal Place of Business:**

11086 NW 8TH COURT  
PLANTATION, FL 33324

**Current Mailing Address:**

8255 W. SUNRISE BLVD  
BOX 104  
FORT LAUDERDALE, FL 33322

**New Mailing Address:**

8255 W. SUNRISE BLVD  
BOX 104  
PLANTATION, FL 33322

**FEI Number:** 26-2373340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEMEDICI, JOHN A  
461 NW 87TH TERRACE #104  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

DEMEDICI, JOHN A  
11086 NW 8TH COURT  
PLANTATION, FL 33324 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:**

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** DEMEDICI, JOHN A  
**Address:** 461 NW 87TH TERRACE #104  
**City-St-Zip:** PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** DEMEDICI, JOHN A  
**Address:** 11086 NW 8TH COURT  
**City-St-Zip:** PLANTATION, FL 33324

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.

**SIGNATURE:** JOHN A. DEMEDICI

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date