



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90035 011 \*\*\*138.75

<b>DOCUMENT # L07000110685</b> 1. Entity Name <b>ASHCAN PRODUCTIONS, LLC</b>					
Principal Place of Business <b>10263 WHISPERING FOREST #1310 JACKSONVILLE, FL 32257</b>			Mailing Address <b>10263 WHISPERING FOREST #1310 JACKSONVILLE, FL 32257</b>		
2. Principal Place of Business - No P.O. Box # <b>10263 Whispering Forest</b> Suite, Apt. #, etc. <b>1310</b>		3. Mailing Address <b>10263 Whispering Forest</b> Suite, Apt. #, etc. <b>1310</b>			
City & State <b>Jacksonville Florida</b>		City & State <b>Jacksonville Florida</b>		4. FEI Number <b>04082008 Chg-LLC CR2E083 (12/06)</b>	
Zip <b>32257</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALDEN, CHRISTOPHER W 10263 WHISPERING FOREST #1310 JACKSONVILLE, FL 32257</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u>Christopher Walden</u> <u>Christopher Walden</u> <u>4/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALDEN, CHRISTOPHER W 10263 WHISPERING FOREST #1310 JACKSONVILLE, FL 32257			<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"/> Change <input type="checkbox"/> Addition	
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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: <u>Christopher Walden</u> <u>Christopher Walden</u> <u>4/10/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>904-779-6329</u> <small>Daytime Phone #</small>	