

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111565

FILED
Mar 23, 2008
Secretary of State

Entity Name: FUSION EVENT PRODUCTIONS, LLC.

Current Principal Place of Business:

1607 16TH CT.
JUPITER, FL 33477 US

New Principal Place of Business:

68 LIVE OAK CIRCLE
TEQUESTA, FL 33469 US

Current Mailing Address:

1045 OAKS DRIVE
FRANKLIN SQUARE, NY 11010 US

New Mailing Address:

68 LIVE OAK CIRCLE
TEQUESTA, FL 33469 US

FEI Number: 26-1354788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLATER, JARED
1607 16TH CT.
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

SLATER, JARED
68 LIVE OAK CIRCLE
TEQUESTA, FL 33469 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: JARED R SLATER

03/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SLATER, JARED
Address: 1607 16TH CT.
City-St-Zip: JUPITER, FL 33477 US

Title: MGRM () Delete
Name: SLATER, ALLISON
Address: 1607 16TH CT.
City-St-Zip: JUPITER, FL 33477 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SLATER, JARED
Address: 68 LIVE OAK CIRCLE
City-St-Zip: TEQUESTA, FL 33469 US

Title: MGRM (X) Change () Addition
Name: SLATER, ALLISON
Address: 68 LIVE OAK CIRCLE
City-St-Zip: TEQUESTA, FL 33469 US

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: JARED R SLATER

MGRM

03/23/2008

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