

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026273

FILED  
May 01, 2009  
Secretary of State

Entity Name: MAKEOVER PRODUCTIONS LLC

**Current Principal Place of Business:**

1117 MARINE WAY, APT. K4R  
C/O MARK PONCY  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

1117 MARINE WAY, APT. K4R  
C/O MARK PONCY  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

PONCY, MARK  
1117 MARINE WAY, APT. K4R  
NORTH PALM BEACH, FL 33408 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:**

Title: MGRM ( ) Delete  
Name: PONCY, MORGAN  
Address: 18842 POINT DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: MGR ( ) Delete  
Name: PONCY, MARK  
Address: 1117 MARINE WAY, APT. K4R  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM ( ) Delete  
Name: HATFIELD, MARA  
Address: 1117 MARINE WAY, APT. K4R  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM ( ) Delete  
Name: PONCY, CHIP  
Address: 913 S STREET NW  
City-St-Zip: WASHINGTON, DC 20001

Title: MGRM ( ) Delete  
Name: PONCY, MIKE  
Address: 605 ALTA VISTA AVENUE  
City-St-Zip: CHARLOTTESVILLE, VA 22902

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK PONCY

AGEN

05/01/2009

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