

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031102

FILED
Jul 13, 2009
Secretary of State

Entity Name: ALTIRIS PRODUCTIONS, LLC

Current Principal Place of Business:

% JIM A. JACOB
1304 HIGH HAMMOCK DR. #303
TAMPA, FL 33619

New Principal Place of Business:

% JIM A. JACOB
10404 HUNTERS HAVEN BLVD
RIVERVIEW, FL 33578

Current Mailing Address:

% JIM A. JACOB
1304 HIGH HAMMOCK DR. #303
TAMPA, FL 33619

New Mailing Address:

% JIM A. JACOB
10404 HUNTERS HAVEN BLVD
RIVERVIEW, FL 33578

FEI Number: 80-0166538 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:

JACOB, JIM A
1304 HIGH HAMMOCK DR. #303
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

JACOB, JIM A
10404 HUNTERS HAVEN BLVD
RIVERVIEW, FL 33578 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: JAMES A JACOB

07/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JACOB, JIM A
Address: 1304 HIGH HAMMOCK DR. #303
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JACOB, JIM A
Address: 10404 HUNTERS HAVEN BLVD
City-St-Zip: RIVERVIEW, FL 33578

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: JAMES A JACOB

MGR

07/13/2009

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