

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053226

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** NAMHAR COMMUNICATIONS & PRODUCTIONS, LLC

**Current Principal Place of Business:**

1625 NORTH PEARL STREET  
SUITE D  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 441196  
JACKSONVILLE, FL 32222

**New Mailing Address:**

**FEI Number:** 26-2514474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOHNSON, RAHMAN K  
6571 BIG STONE DRIVE  
JACKSONVILLE, FL 32244 US

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

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: MGR ( ) Delete  
Name: JOHNSON, RAHMAN K  
Address: POST OFFICE BOX 40213  
City-St-Zip: JACKSONVILLE, FL 32203 02

Title: MGR ( ) Delete  
Name: ROSS- JOHNSON, IDA  
Address: POST OFFICE BOX 40213  
City-St-Zip: JACKSONVILLE, FL 32203

**ADDITIONS/CHANGES:**

Title: DIR (X) Change ( ) Addition  
Name: JOHNSON, RAHMAN K  
Address: POST OFFICE BOX 40213  
City-St-Zip: JACKSONVILLE, FL 32203 02

Title: DIR (X) Change ( ) Addition  
Name: ROSS- JOHNSON, IDA  
Address: POST OFFICE BOX 40213  
City-St-Zip: JACKSONVILLE, FL 32203

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:** RAHMAN K. JOHNSON

DIR

03/24/2009

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