

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065387

FILED
Apr 24, 2009
Secretary of State

Entity Name: SACRED PRODUCTIONS LLC

Current Principal Place of Business:

478 E ALTAMONTE DR.
STE #108, PMB 156
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

515 OAK HAVEN DR
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

478 E ALTAMONTE DR.
STE #108, PMB 156
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

515 OAK HAVEN DR
ALTAMONTE SPRINGS, FL 32701

FEI Number: 26-2939771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, SHARON
478 E ALTAMONTE DR.
STE #108, PMB 156
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

REED, SHARON
515 OAK HAVEN DR
ALTAMONTE SPRINGS, FL 32701 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:

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REED, SHARON
Address: 478 E ALTAMONTE DR, STE #108, PMB 156
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM () Delete
Name: CASSELLA, JOSE
Address: 478 E ALTAMONTE DR, STE #108, PMB 156
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REED, SHARON
Address: 515 OAK HAVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM (X) Change () Addition
Name: CASSELLA, JOSE
Address: 515 OAK HAVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: SHARON REED

MGRM

04/24/2009

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