

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071588

FILED  
Aug 14, 2009  
Secretary of State

Entity Name: LADYBUG PRODUCTIONS LLC

## Current Principal Place of Business:

17100 N BAY RD  
STE 1908  
SUNNY ISLES BEACH, FL 33160

## New Principal Place of Business:

10590 VERSAILLES BLVD  
WELLINGTON, FL 33449

## Current Mailing Address:

2805 E OAKLAND PARK BLVD  
# 293  
FT LAUDERDALE, FL 33306

## New Mailing Address:

10590 VERSAILLES BLVD  
WELLINGTON, FL 33449

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:

KING, SHAREN  
17100 N BAY RD  
SUNNY ISLES BEACH, FL 33160 US

## Name and Address of New Registered Agent:

KING, SHAREN  
10590 VERSAILLES BLVD  
WELLINGTON, FL 33449 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: SHAREN KING

08/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KING, SHAREN  
Address: 17100 N BAY RD  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KING, SHAREN  
Address: 10590 VERSAILLES BLVD  
City-St-Zip: WELLINGTON, FL 33449

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: SHAREN KING

MGRM

08/14/2009

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