

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086419

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** PEACEMAKER PRODUCTIONS, LLC

**Current Principal Place of Business:**

7005 CYPRESS BRIDGE DRIVE NORTH  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

7005 CYPRESS BRIDGE DRIVE NORTH  
PONTE VEDRA BEACH, FL 32082 US

**Current Mailing Address:**

PO BOX 2722  
PONTE VEDRA BEACH, FL 320042722

**New Mailing Address:**

PO BOX 2722  
PONTE VEDRA BEACH, FL 320042722 US

**FEI Number:** 26-3367061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONTEGA BUSINESS SYSTEMS INC  
554 LOMAX STREET  
JACKSONVILLE, FL 32204 US

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

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 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: G. RAY DRIVER, JR., P

03/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: GREEN, MICHAEL A  
Address: 7005 CYPRESS BRIDGE DRIVE NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: MICHAEL A. GREEN

MGR

03/17/2009

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