

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106072

Entity Name: SAMR PRODUCTIONS LLC

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

1400 NE 55TH STREET
SUITE 206
FORT LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

1400 NE 55TH STREET
SUITE 206
FORT LAUDERDALE, FL 33334 US

New Mailing Address:

FEI Number: 26-3711588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN D. MOONEY PA
2740 EAST OAKLAND PARK BLVD
SUITE 202
FORT LAUDERDALE, FL 33306 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: MGRM () Delete
Name: AGTEY, SHASHANK M
Address: 1400 NE 55TH STREET #206
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: MGRM () Delete
Name: ROOFE, MARK
Address: 965 N NOB HILL ROAD #157
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM () Delete
Name: AGTEY, CRISTIE L
Address: 1400 NE 55TH STREET #206
City-St-Zip: FORT LAUDERDALE, FL 33334 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHASHANK M. AGTEY

MGRM

04/19/2009

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