

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108410

FILED
Feb 17, 2009
Secretary of State

Entity Name: NEW KINGDOM PRODUCTIONS, LLC

Current Principal Place of Business:

155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 FL

New Principal Place of Business:

Current Mailing Address:

155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 FL

New Mailing Address:

FEI Number: 80-0311004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: ARAYA, PABLO
Address: 155 OFFICE PLAZA DR., SUITE A
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM () Delete
Name: ARAYA, ANANDA
Address: 155 OFFICE PLAZA DR., SUITE A
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM () Delete
Name: FERRELL, ANA
Address: 155 OFFICE PLAZA DR., SUITE A
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM () Delete
Name: FERRELL, EMERSON
Address: 155 OFFICE PLAZA DR., SUITE A
City-St-Zip: TALLAHASSEE, FL 32301 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:

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: EMERSON FERRELL

PRES

02/17/2009

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