

# 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