

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000017568

**FILED**  
**May 06, 2010**  
**Secretary of State**

**Entity Name:** MERCURY3 PRODUCTIONS LLC

**Current Principal Place of Business:**

1197 TUMBLEWEED RUN  
TALLAHASSEE, FL 32311 US

**New Principal Place of Business:**

3539 APALACHEE PARKWAY  
SUITE 130  
TALLAHASSEE, FL 32311 US

**Current Mailing Address:**

1197 TUMBLEWEED RUN  
TALLAHASSEE, FL 32311 US

**New Mailing Address:**

3539 APALACHEE PARKWAY  
SUITE 130  
TALLAHASSEE, FL 32311 US

**FEI Number:** 26-4334137      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A-100  
TAMPA, FL 33612 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HANSEN, GERLAD D  
**Address:** 1197 TUMBLEWEED RUN  
**City-St-Zip:** TALLAHASSEE, FL 32311 US

**Title:** MGRM  
**Name:** BULL, THOMAS H  
**Address:** 1695 FOLKSTONE ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32312 US

**Title:** MGRM  
**Name:** BRANCA, DEMETRIUS A  
**Address:** 815 VONCILE AVE  
**City-St-Zip:** TALLAHASSEE, FL 32303 US

I hereby 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: DEMETRIUS BRANCA

MGRM

05/06/2010

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