

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061152

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** CLOSED CIRCUIT PRODUCTIONS, LLC

**Current Principal Place of Business:**

495 NE 4TH STREET  
9  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

495 NE 4TH STREET  
9  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

COUTURE, PATRICK  
495 NE 4TH STREET  
9  
DELRAY BEACH, FL 33483 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  
Name: COUTURE, PATRICK  
Address: 495 NE 4TH STREET #9  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM  
Name: WEBB, BRANDON  
Address: 495 NE 4TH STREET #9  
City-St-Zip: DELRAY BEACH, FL 33483

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: PATRICK COUTURE

MGRM

01/05/2011

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