

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90133 001 ****50.00

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DOCUMENT # L99000001499 1. Entity Name SEMCO PRODUCTIONS, L.L.C.					
Principal Place of Business 1700 S.E. 9TH STREET FT. LAUDERDALE, FL 33316			Mailing Address 1130 HIGHTOWER TRAIL ATLANTA, GA 30350		
2. Principal Place of Business 827 S.E. 2nd Ct		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft Lauderdale, FL		City & State			
Zip 33301		Country		Zip	
Country		Country			
4. FEI Number 65-0909040				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONRAD, EDWARD C 4700 S.E. 9TH STREET FT. LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Tracy A. Conrad Street Address (P.O. Box Number is Not Acceptable) 827 S.E. 2nd Ct City Ft Lauderdale FL Zip Code 33301		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE MANAGING MEMBER 1-10-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONRAD, EDWARD C 1700 S.E. 9TH STREET FT. LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tracy A. Conrad 827 S.E. 2nd Ct Ft Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HESS, SHERYL 1130 HIGHTOWER TRAIL ATLANTA, GA 30350	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SHERYL HESS as Manager 1-10-06 770-998-9800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					