

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004284

FILED
Aug 03, 2007
Secretary of State

Entity Name: SISTER ACT PRODUCTIONS, LLC

Current Principal Place of Business:

7469 W. LAKE MEAD BLVD., STE 200
LAS VEGAS, NV 89128

New Principal Place of Business:

Current Mailing Address:

228 LONGSHIRE DR
JUPITER, FL 33458

New Mailing Address:

FEI Number: 20-0397513 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:

SOLTAU, JOANN
2819 EMBASSY DR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SOLTAU, JOANN
228 LONGSHORE DRIVE
JUPITER, FL 33458 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: _____

08/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOLTAU, JOANN
Address: 2819 EMBASSY DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: GUMLEY, TERESA
Address: 2709 EMBASSY DR
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SOLTAU, JOANN
Address: 228 LONGSHORE DRIVE
City-St-Zip: JUPITER, FL 33458

Title: MGR (X) Change () Addition
Name: GUMLEY, TERESA
Address: 228 LONGSHORE DRIVE
City-St-Zip: JUPITER, FL 33458

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: JOANN SOLTAU

MGR

08/03/2007

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