


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000004832 1. Entity Name COMEDY FESTIVAL PRODUCTIONS, LLC	
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Principal Place of Business 119 WASHINGTON AVENUE, SUITE 400 MIAMI BEACH, FL 33139	Mailing Address 119 WASHINGTON AVENUE, SUITE 400 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



02152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3083292	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

MATEU, RAUL
C/O WILLIAM MORRIS AGENCY
119 WASHINGTON AVENUE, SUITE 400
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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  DATE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75


U000000840240
03/06/08-20040-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORWILL ENTERTAINMENT CORP. 151 EL CAMINO DRIVE LOS ANGELES, CA 90212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FANTASMA PRODUCTIONS, INC. OF FLORIDA 700 N. OLIVE AVE., SUITE 1 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:  2/21/08 564-832-6397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #