

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000100509

**Entity Name:** NEW REVELATION PRODUCTION LLC

**Current Principal Place of Business:**

4617 4TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33711

**Current Mailing Address:**

4617 4TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33711

**FEI Number:** 54-4648346

**Certificate of Status Desired:** No

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

SWIFT, GRACIE  
403 MAPLEWOOD DRIVE  
OLDSMAR, FL 34677 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

**Authorized Person(s) Detail :**

Title P  
Name RUSSELL, MARCUS  
Address 4617 4TH AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33711

Title VP  
Name RUSSELL, WENDELL  
Address 4617 4TH AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33711

Title S  
Name RUSSELL, KIMBERLY  
Address 4617 4TH AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33711

Title T  
Name RUSSELL, YVELLE K  
Address 4754 CORTEZ WAY SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33712

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARCUS RUSSELL

**PRESIDENT**

**05/04/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date