FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION RECEIVED Washington, D.C. 20549.

OMB APPROVAL OMB Number:

3235-0076

Expires:

Stimated average burden rs per response.....16.00

2007 NOTICE OF SALE OF SECURIT PURSUANT TO REGULAT SECTION 4(6), AND/OF

FORM D

Serial DATE RECEIVED

UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	<u>.</u>
\$4,000,000 in Limited Liability Company Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Go-To Entertainment LLC	1
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
9100 Wilshire Boulevard, Suite 333E, Beverly Hills, CA 90212	310-246-9898
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
development, production and exploitation of feature length motion pictures and television production	ograms PROCESSED
Type of Business Organization	SEP 2 6 2007
· · · · · · · · · · · · · · · · · · ·	olease specify):
business trust limited partnership, to be formed limited lia	ibility company THOMSON (
Month Year	FINANCIAL
	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	: - 진점
GENERAL INSTRUCTIONS	لطالبا

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION:

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A.	BASIC IDENT	IFICATION DATA				
2. Enter the information re	quested for the fol	lowing:						
Each promoter of t	he issuer, if the is:	suer has been	organized within	the past five years;				
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issu								
•			=	orate general and ma				
Each general and n		-	-	3				
Check Box(es) that Apply:	Promoter	Benefic Benefic	cial Owner 💆	Executive Officer	□ D	rirector 🔽	- Ceneral and/or - Manager - Managing Partnor	
Full Name (Last name first, i Daniel Touizer	f individual)							
Business or Residence Addre 9100 Wilshire Boulevard		-	•					
Check Box(es) that Apply:	Promoter	Benefi	cial Owner 🔽	Executive Officer	D	rirector 🛮	-Genoral and/or Manage:	
Full Name (Last name first, i	f individual)			·				
Business or Residence Addre	ss (Number and	Street, City, S	State, Zip Code)			•	<u> </u>	
9100 Wilshire Boulevard,			-					
Check Box(es) that Apply:	Promoter	Benefi	cial Owner	Executive Officer	D	irector	General and/or Managing Partner	
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number and	Street, City, S	State, Zip Code)	···				
Check Box(es) that Apply:	Promoter	Benefi	cial Owner	Executive Officer	D	rirector [General and/or Managing Partner	
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number and	Street, City, S	State, Zip Code)	,			·····	
Check Box(es) that Apply:	Promoter	Benefi	cial Owner	Executive Officer	D	rirector	General and/or Managing Partner	
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number and	Street, City, S	State, Zip Code)	*				
Check Box(es) that Apply:	Promoter	Benefi	cial Owner	Executive Officer	D	rirector	General and/or Managing Partner	
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number and	Street, City, S	State, Zip Code)					
	. <u> </u>							
Check Box(es) that Apply:	Promoter	Benefic	cial Owner [Executive Officer	_ D	irector	General and/or Managing Partner	

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Г	B. INFORMATION ABOUT OFFERING												
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No E					
•	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	What is	the minim	um investr					_			••••	\$_0.00	
												Yes	No
3.			permit joint									K	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful N//		Last name	first, if indi	ividual)									
	-	Residence	Address (N	lumber and	1 Street, C	ity, State, Z	ip Code)						
_		 	·	<u>.</u>						 			
Nar	ne of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit l	Purchasers		,	.,			
	(Check	"All States	or check	individual	States)		***********			**********	••••••	☐ Al	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN NE	IA	KS	KY N	LA	ME	MD	MA	MI	MN	MS OB	MO
	MT RI	NE SC	NV SD	NH TN	[NJ]	NM (UT)	NY VT	NC VA	(ND) (WA)	OH WV	OK]	OR WY	PA
Ful	l Name (I	ast name	first, if indi	ividual)									
Bus	siness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)		-			•	
											··		
Nar	ne of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit l	Purchasers					•	•
	(Check	"All States	s" or check	individual	States)	•••••			••••••••			☐ Al	I States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL VI	IN	[IA]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Ful	l Name (1	Last name	first, if indi	ividual)				•				-	
Bus	siness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check "All States" or check individual States)												
	AL	AK	AZ	AR	CA	CO	CT	DE .	DC	FL	GA	HI	ID
	IL MT	[NE]	IA NV	KS	KY NI	LA NM	ME	MD	MA	MI	MN	MS	MO PA
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt\$_	0.00	§ 0.00
	Equity		\$ 0.00
	Common Preferred		
	Convertible Securities (including warrants)	0.00	\$ 0.00
	Partnership Interests		\$ 0.00
	Other (Specify LLC interests)		s 600,000.00
			\$ 600,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		<u></u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors 3		\$ 600,000.00
	Non-accredited Investors 0		\$ 0.00
	Total (for filings under Rule 504 only)		\$_600,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Turn of Officia-	Type of	Dollar Amount
	Type of Offering Rule 505	Security	Sold \$ 0.00
	Regulation A		\$ 0.00 \$ 0.00
	Rule 504		
	Total	.	\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs	Z	\$_500.00
	Legal Fees	Z	\$ 35,000.00
	Accounting Fees	_	\$ 1,000.00
	Engineering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)	_	\$ 1,000.00
	Total	_	s 37,500.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—		NOCULUG	3,962,500.00
i .	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	oceed to the issuer used or proposed to be used for by purpose is not known, furnish an estimate and If the payments listed must equal the adjusted gross		\$
	•		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ 0.00	S 0.00
	Purchase of real estate		\$_0.00	\$ <u>0.00</u>
	Purchase, rental or leasing and installation of mac and equipment	chinery	s0.00	ss
	Construction or leasing of plant buildings and fac	ilities[\$0.00	s 0.00
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another	s 0.00	□ \$ <u>0.00</u>
	Repayment of indebtedness			s 0.00
	Working capital		•	✓ \$ 3,659,500.0
	Other (specify):		\$_0.00	s 0.00
			\$ <u></u>	\$\$
	Column Totals			\$_3,659,500.0
	otal Payments Listed (column totals added)		□ \$ <u>_3,</u> 9	962,500.00
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commis	sion, upon writter	
SS	uer (Print or Type)	Signature	Date	
Go	-To Entertainment LLC	Araea	Se ptember 19, 2	007
۱a	ne of Signer (Print or Type)	Fitte of Signer (Print or Type)	<u> </u>	•
ar	niel Touizer	Manager		

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)