2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082976

Entity Name: UPSCALE EVENTS BY MOSAIC, LLC

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1531 NORTH DREXEL ROAD 2016 ISLAND DRIVE

#237 RIVIERA BEACH, FL 33404

WEST PALM BEACH, FL 33417

Current Mailing Address: New Mailing Address:

1531 NORTH DREXEL ROAD 2016 ISLAND DRIVE

237 RIVIERA BEACH, FL 33404 WEST PALM BEACH, FL 33417

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

SORRELL, ANN MARIE

1531 NORTH DREXEL ROAD

SORRELL, ANN MARIE

2016 ISLAND DRIVE

237 RIVIERA BEACH, FL 33404 US WEST PALM BEACH, FL 33417 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: ANN MARIE SORRELL 04/30/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: SORRELL ANN MARIE
Name: SORRELL ANN MARIE

 Name:
 SORRELL, ANN MARIE
 Name:
 SORRELL, ANN MARIE

 Address:
 1531 NORTH DREXEL ROAD # 237
 Address:
 2016 ISLAND DRIVE

City-St-Zip: WEST PALM BEACH, FL 33417 US City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: MGRM () Delete Title: () Change () Addition Name: NELSON, SOPHIA Name:

Address: 5883 CARIBBEAN BLVD Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: DILLARD, GREGORY Name: AMPS, JAMES

Address: 1194C SHIBUMY CIRCLE Address: P.O. BOX 820321

City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: PEMBROKE PINES, FL 33083 US

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 AMPS, JAMES
 Name:

 Address:
 P.O. BOX 820321
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33083 US
 City-St-Zip:

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: ANN MARIE SORRELL MGRM 04/30/2007