

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061706

Entity Name: SEGA INTERNATIONAL, L.L.C.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

603 LIVE AOK LANE
WESTON, FL 33327

New Principal Place of Business:

1792 BELL TOWER LANE
SUITE 205
WESTON, FL 33326

Current Mailing Address:

P.O. BOX 266273
WESTON, FL 33326

New Mailing Address:

1792 BELL TOWER LANE
SUITE 205
WESTON, FL 33326

FEI Number: 26-0393597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLAN, MARIA M
603 LIVE AOK LANE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

DOLAN, MARIA M
603 LIVE OAK LANE
WESTON, FL 33327 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOLAN, JAMES
Address: 603 LIVE AOK LANE
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: MARTINEZ, JUAN
Address: 1442 W FULLERTON AVE., UNIT 2C
City-St-Zip: CHICAGO, IL 60614

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOLAN, JAMES
Address: 603 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Change () Addition
Name: MARTINEZ, JUAN
Address: 900 MICKLEY ROAD, APT L-1
City-St-Zip: WHITEHALL, PA 18052

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: JAMES DOLAN

MGRM

04/30/2008

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