

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000079187

FILED
Feb 02, 2011
Secretary of State

Entity Name: SHADOWKAST LLC

Current Principal Place of Business:

864 NE 20TH DRIVE
WILTON MANORS, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

864 NE 20TH DRIVE
WILTON MANORS, FL 33305 US

New Mailing Address:

FEI Number: 27-0758943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLSTON CONSULTING INC
864 NE 20TH DRIVE
WILTON MANORS, FL 33305 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KENT, ANTHONY R
Address: 2720 NE 9TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGRM
Name: GRAY, SHANE P
Address: 2720 NE 9TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGRM
Name: HOLDER, CHAD L
Address: 2720 NE 9TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGRM
Name: BURNS, NICHOLAS A
Address: 2720 NE 9TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064 US

I hereby 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: ANTHONY KENT

MGRM

02/02/2011

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