## W08000002178

| (Requestor's Name)                      |  |  |
|---|--|--|
|   |  |  |
| (Address)                               |  |  |
|   |  |  |
| (Address)                               |  |  |
| ,                                       |  |  |
| (City/State/Zip/Phone #)                |  |  |
| (Sity/State/Zip/i Holle #)              |  |  |
| PICK-UP WAIT MAIL                       |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
| ,                                       |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Certified Copies Certificates of Status |  |  |
|   |  |  |
| ;                                       |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Office Use Only



700157026197

**700157026197** 06/17/09-01024-008 \*\*25.00

2009 JUN 17 PM 1: 38
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

M. THOMAS

JUN 18 2009

EXAMINER

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |  |                     |
|--|---|--|---------------------|
| SUBJECT: Phoenix Adlabs Thea   |   |  |                     |
| Dear Sir or Madam:   |   |  |                     |
| The enclosed Affidavit by Foreign Limited Lia<br>Managing Member(s) and fee(s) are submitted |   | Change Manager(s) or                     |                     |
| Please return all correspondence concerning th   | is matter to the fo                           | llowing:                                 |                     |
| Christine West   |   | 4. SE                                    | 100 July 17 PH 1:38 |
| Name of Person   |   | 50                                       |                     |
| Phoenix Adlabs Theatre Managemer   | nt. LLC                                       | 202                                      | , = 'r              |
| Firm/Company   |   | PH '                                     |                     |
| 9111 Cross Park Dr., Ste. E-27   | ' <b>5</b>                                    | 7  | 707 70              |
| Address  | <u> </u>                                      |  |                     |
| ,  |   |  | Ξ'.                 |
| Knoxville TN 37923   |   |  |                     |
| City/State and Zip Code  |   |  |                     |
| christinew@phoenixtheatres   | .com  |  |                     |
| E-mail address: (to be used for future ann   | ual report notifica                           | tion)                                    |                     |
| For further information concerning this matter   | , please call:                                |  |                     |
| Christine West at ( 86   | 5 ) 692                                       | -4061 Ext. 231                           |                     |
|  |   | ne Telephone Number                      |                     |
| STREET/COURIER ADDRESS:  | MAILING A                                     | ADDRESS:                                 |                     |
| Registration Section   | Registration                                  | Section                                  |                     |
| Division of Corporations   | Division of Corporations                      |  |                     |
| Clifton Building   | P.O. Box 6327                                 |  |                     |
| 2661 Executive Center Circle<br>Tallahassee, Florida 32301                                   | Tallahassee,                                  | Florida 32314                            |                     |
|  | it:<br>]\$55.00 Filing Fee &<br>ertified Copy | \$60 Filing Fee, Certificate of Status & |                     |
|  |   | Certified Copy                           |                     |

CR2E123(8/07)

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

| The name of the limited liability company Department of State is: Phoenix A               | y as it appears on the records of the Florida dlabs Theatre Management, LLC  |
|---|--|
| 2. This entity was formed under the laws of   | f:   |
| 3. This entity was authorized to transact bu and its Florida document/registration number |  |
| 4. The name and address of each manager of  | or managing member is as follows:  |
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member                                    | Name and Address:  |
| MGR_  | Philip J Zacheretti 12508 Fort West Dr. Knoxville TN 37934   |
| MGR   | Udaya Kumar c/o Adlabs Film USA, Inc. 380 Madison Ave - 21st Floor Some Service Servic |
| MGR_  | Anil Arjun c/o Adlabs Film USA, Inc. 380 Madison Ave - 21st Floor New York NY 10017  |
| Three (3) MGRs  | of the company Pelase  |
| appear of reco  | in mor or morms that   |
|   |  |
| Required Signature: Signature of Manage   | Managing Member or Member  |

Filing Fee: \$25