

Division of Corporations

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M09000004779

Florida Department of State
Division of Corporations
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L. SELLERS

FEB 27 2009

EXAMINER

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RECEIVED
2009 FEB 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

HARVEST FAMILY ENTERTAINMENT - SOUTH FLORIDA LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. Name of the limited liability company: Harvest Family Entertainment - South Florida, LLC
- 2. (a) Principal office address of limited liability company: 3400 Riverside Dr., Suite 900
Burbank, CA 91605
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 3400 Riverside Dr., Suite 900
Burbank, CA 91505
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: October 27, 2008

4. Document number: MO8000004779

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: InCorp Services, Inc.

Registered Office Address: 17888 67th Court North
Loxahatchee, FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CT Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Loisa Bassler, Manager
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has approved the filing of this change.

[Signature]
(Signature of Registered Agent)

Connie Bryan
Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (05/08)

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 TALLAHASSEE
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