2007 LIMITED LIABILITY COMPANY

May 17, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L06000025010** 05-17-2007 90174 009 ****50.00 1. Entity Name LOP MOTION, LLC Mailing Address Principal Place of Business 40115834 6885 SW 58 PL 6885 SW 58 PL MIAMI, FL 33143 US MIAMI, FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012007 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FEI Number City & State Not Applicable 20-4 \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAW OFFICES OF LEONARD PERTNOY Street Address (P.O. Box Number is Not Acceptable) 5229 SW 71 PL MIAMI, FL 33155 Zip Code City FI 8. 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. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change MGR TITLE Addition ☐ Delete TITLE SPECIAL K INVESTORS, INC NAME NAME STREET ADDRESS STREET ADDRESS 6885 SW 58 PL CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CiTY-ST-7IP CHY-SI-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGE

FILED