

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003200

FILED
May 01, 2008
Secretary of State

Entity Name: LOGOS INTERNATIONAL ENTERTAINMENT LLC

Current Principal Place of Business:

2735 N.W. 163RD STREET
MIAMI, FL 330546410

New Principal Place of Business:

2735 N.W. 163RD STREET
MIAMI GARDENS, FL 330546410

Current Mailing Address:

2735 N.W. 163RD STREET
MIAMI, FL 330546410

New Mailing Address:

2735 N.W. 163RD STREET
MIAMI GARDENS, FL 330546410

FEI Number: 65-1087890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HUMES, DESHAUN L
2735 N.W. 163RD STREET
MIAMI, FL 330546410 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 () Delete
Name: HUMES, KEVIN L
Address: 2735 N.W. 163RD STREET
City-St-Zip: MIAMI, FL 330546410

Title: MGRM () Delete
Name: HUMES, DESHAUN L
Address: 2735 N.W. 163RD STREET
City-St-Zip: MIAMI, FL 330546410

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DESHAUN L. HUMES

MGRM

05/01/2008

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