2335 CHARLES HOLLYWOOD,	STON ST., BLDG. 48, APT. 1 FL 33020			
Current Mai	ling Address:			
	LESTON ST., BLDG. 48, APT. 1 DD, FL 33020			
FEI Number: 27-1319196			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
INCORP SERVI 17888 67TH CC 4TH FLOOR				
INCORP SERV 17888 67TH CC 4TH FLOOR LOXAHATCHEE	DURTNORTH	its registered office or regis	tered agent, or both, in the State of Flor	da.
INCORP SERVI 17888 67TH CC 4TH FLOOR LOXAHATCHEE The above named	DURT NORTH E, FL 33470 US	its registered office or regis	tered agent, or both, in the State of Flori	
INCORP SERVI 17888 67TH CC 4TH FLOOR LOXAHATCHEE The above named	DURT NORTH E, FL 33470 US I entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of Flor	^{da.} 04/27/2020 Date
INCORP SERVI 17888 67TH CC 4TH FLOOR LOXAHATCHER The above named SIGNATURE	DURT NORTH E, FL 33470 US d entity submits this statement for the purpose of changing E: INCORP SERVICES Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of Flori	04/27/2020
INCORP SERVI 17888 67TH CC 4TH FLOOR LOXAHATCHER The above named SIGNATURE	DURT NORTH E, FL 33470 US d entity submits this statement for the purpose of changing E: INCORP SERVICES	its registered office or regis	tered agent, or both, in the State of Flor	04/27/2020
INCORP SERVI 17888 67TH CC 4TH FLOOR LOXAHATCHEE The above named SIGNATURE	DURT NORTH E, FL 33470 US d entity submits this statement for the purpose of changing E: INCORP SERVICES Electronic Signature of Registered Agent Person(s) Detail :			04/27/2020
INCORP SERVI 17888 67TH CC 4TH FLOOR LOXAHATCHEE The above named SIGNATURE Authorized Title	DURT NORTH E, FL 33470 US d entity submits this statement for the purpose of changing E: INCORP SERVICES Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	S	04/27/2020 Date

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS , ALVIN C

Electronic Signature of Signing Authorized Person(s) Detail

MGR

04/27/2020

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106745

Entity Name: HOUSE INTERACTIVE LLC

Current Principal Place of Business:

FILED Apr 27, 2020 Secretary of State 8307883629CC