


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**


04-04-2008 90136 030 \*\*\*138.75

<b>DOCUMENT # L01000008504</b>	
1. Entity Name 21ST CENTURY FILM COMPANY, LLC	

Principal Place of Business <del>5600 NW 32 AVE</del> <del>MIAMI, FL 33142</del>	Mailing Address <del>5600 NW 32 AVE</del> <del>MIAMI, FL 33142</del>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>1998 NE 150 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>MIAMI FLA</b>
Zip	Country
	Zip <b>33181</b>

**60019771**



03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>04-3685359</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KRAMS, STEVEN 100 NORTHEAST 39TH STREET 5600 NW 32ND AVE MIAMI, FL 33142</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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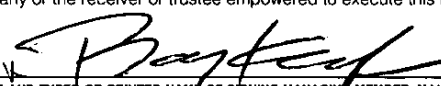
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KRAMS, STEVEN 5600 NW 32ND AVE MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1998 NE 150 ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MIAMI, FL 33181</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KAUFMAN, BARNEY 5600 NW 32ND AVE MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SAME ↑</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CLEMENT, MARK 5600 NW 32ND AVE MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VACCA, OSVALDO 5600 NW 32ND AVE MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:**  **V.P.M.** **3-26-08 573-7378**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #