

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034871

FILED
Aug 30, 2007
Secretary of State

Entity Name: REEL TIME ENTERTAINMENT, LLC

Current Principal Place of Business:

4400 W BRONCO RD
WILSON, WY 83014

New Principal Place of Business:

3720 MCCOLLISTER DR
TETON VILLAGE, WY 83025

Current Mailing Address:

PO BOX 522
TETON VILLAGE, WY 83025

New Mailing Address:

FEI Number: 13-4246071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

SCHWARTZ, GOLD, COHEN, ZAKARIN, KOTLER
54 S.W. BOCA RATON BLVD
BOCA RATON, FL 33432 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: ANDREWS, CARTER
Address: 4400 W BRONCO RD
City-St-Zip: WILSON, WY 83014

Title: MGRM () Delete
Name: ANDREWS, HEIDI
Address: 4400 W BRONCO RD
City-St-Zip: WILSON, WY 83014

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDREWS, CARTER
Address: 3720 MCCOLLISTER DR
City-St-Zip: TETON VILLAGE, WY 83025

Title: MGRM (X) Change () Addition
Name: ANDREWS, HEIDI
Address: 3720 MCCOLLISTER DR
City-St-Zip: TETON VILLAGE, WY 83025

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: HEIDI ANDREWS

MGRM

08/30/2007

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