LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# L02000034871

1. Entity Name

REEL TIME ENTERTAINMENT, LLC



FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90023 026 ****50.00

DO NOT WRITE IN THIS SPACE					30052410			
2. Principal Place of Business		3. Mailing Address Same as block 2						
Suite, Apt. #, etc. 324 Orange Tree Dr., Apt. 4A		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat Atlantis, Fl	orida	City & State				4. FEI Number Applied For Not Applicable		
Zip 33462	Country USA	Zip	Cour		5. Certificate of Status Desired		ee Required	
DO NOT WRITE				Name	7. Name and Address of Current Registered Agent er Andrews			
	IN THIS SI	example (SALL), the YOR CONCERNS A WEST OFFICE THORSES, AND CONCERNS		Street Address (P.O. Box Number is Not Acceptable) 324 Orange Tree Dr. Apt 4A				
				City Atlar	 ntis	FL	Zio Code 33462	
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 Signature. Vyped or printed refine of reductives agent and title (I applicable.							103	
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1								
9.	MANAGING MEME	ERS/MANAGERS						
NAME STREET ADDRESS CITY-ST-ZIP	Manager Carter Andrews 324 Orange Tree Dr, Ap Atlantis, FL 33462	ot 4A						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Heidi Andrews 324 Orange Tree Dr, Atlantis, FL 33462	ot 4A	The state of the s					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	· <u> </u>	36 Jan 1991		DO NOT	WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			新花花花花		IN THIS	SPAC	E Table	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			(新发明的影响)	- 1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			SHEET	STANDARD TELEPON PARTICIPATION OF THAT				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, i further certify that the information indicated on this report is flue and adcurate 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 tracket empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE