

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005040

Entity Name: UNITED DIGITAL FILMS LLC

FILED
Mar 17, 2005
Secretary of State

Current Principal Place of Business:

1740B NORTH SHORE TER
ORLANDO, FL 32804

New Principal Place of Business:

335 EVERGREEN CT
APOPKA, FL 32712

Current Mailing Address:

1740B NORTH SHORE TER
ORLANDO, FL 32804

New Mailing Address:

P.O. BOX 522382
LONGWOOD, FL 32752

FEI Number: 82-0588531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIN, JONATHAN
1740B NORTH SHORE TER
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

FAIN, JONATHAN
P.O. BOX 522382
LONGWOOD, FL 32752 US

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: JONATHAN FAIN

03/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FAIN, JONATHAN M
Address: 1740B NORTH SHORE TER
City-St-Zip: ORLANDO, FL 32804 US

Title: MGRM () Delete
Name: WELKER, JAY P
Address: POST LAKE
City-St-Zip: APOPKA, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAIN, JONATHAN M
Address: P.O. BOX 522382
City-St-Zip: LONTWOOD, FL 32752 US

Title: MGRM (X) Change () Addition
Name: WELKER, JAY P
Address: 335 EVERGREEN CT
City-St-Zip: APOPKA, FL 32172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JONATHAN FAIN

MGMR

03/17/2005

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