

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -5 PM 1:37

DOCUMENT # L03000022050	
1. Entity Name REVOLUTION ENTERTAINMENT DESIGN DEVELOPMENT, LLC	

Principal Place of Business C/O DOUGLAS HIRSCH 720 W. 50TH STREET MIAMI BEACH, FL 33140-2608	Mailing Address C/O DOUGLAS HIRSCH 720 W. 50TH STREET MIAMI BEACH, FL 33140-2608
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04302004 Chg-LLC CR2E083 (10/03)

4. FEI Number 201652072		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TRANSCORPORATE SERVICES INC. 328 MINORCA AVE, 2ND FLOOR CORAL GABLES, FL 33134 <i>Address Change</i>		7. Name and Address of New Registered Agent Name Transcorporate Services Inc. Street Address (P.O. Box Number is Not Acceptable) 269 Granada Ave Suite 201 City Coral Gables FL Zip Code 33134	
--	--	--	--

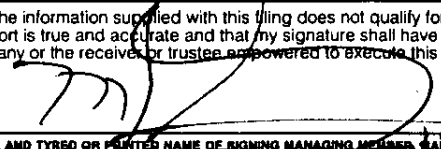
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Michael Steven Greene President 4/30/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIRSCH, DOUGLAS 19501 BISCAYNE BLVD., SUITE 1709 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIRSCH, DOUGLAS 750 W. 50TH STREET MIAMI BEACH, FL 33140-2608 <input checked="" 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
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
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 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 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:  **Authorized Representative 4/30/04 305-444-2611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #