


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90081 001 ***100.00

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 120 NE 27th Street		3. Mailing Address 120 NE 27th Street		 04282005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State Miami, FL		City & State Miami, FL			
Zip 33137		Country U.S.		4. FEI Number 20-1652072	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TRANSCORPORATE SERVICES INC. 269 GIRALDA AVE., STE. 201 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		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 750 W. 50TH STREET MIAMI BEACH, FL 331402608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/Managing Director Hirsch, Douglas 120 NE 27th Street, Suite 100 Miami, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of Operations Hirsch, Patricia 120 NE 27th Street, Suite 100 Miami, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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: Michael Steven Greene, Auth. Rep. 4/29/05 (305) 444-2610					