## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000016768

Entity Name: EVOLUTION ENTERTAINMENT USA, LLC.

FILED Jul 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16850 112 COLLINS AVE 16850 112 COLLINS AVE

215 SUITE 215

SUNNY ISLES BEACH, FL 33160 US SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address: New Mailing Address:

16850 112 COLLINS AVE 16850 112 COLLINS AVE

215 SUITE 215

SUNNY ISLES BEACH, FL 33160 US SUNNY ISLES BEACH, FL 33160 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

FRAID, ARIE FRAID, ARIE

16850 112 COLLINS AVE 16850 112 COLLINS AVE

215 SUITE 215

SUNNY ISLES BEACH, FL 33160 US SUNNY ISLES BEACH, FL 33160 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: ARIE FRAID 07/18/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FRAID, ARIE
 Name:

 Address:
 16850 112 COLLINS AVE STE 215
 Address:

 City-St-Zip:
 SUNNY ISLES BEACH, FL 33160 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GERBER, DANIEL
 Name:

 Address:
 16850 112 COLLINS AVE STE 215
 Address:

 City-St-Zip:
 SUNNY ISLES BEACH, FL 33160 US
 City-St-Zip:

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: ARIE FRAID MGRM 07/18/2005