

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031645

FILED
Feb 18, 2007
Secretary of State

Entity Name: AYAHNO ENTERTAINMENT, LLC

Current Principal Place of Business:

4846 N. UNIVERSITY DR.
#324
LAUDERHILL, FL 33351

New Principal Place of Business:

Current Mailing Address:

4846 N. UNIVERSITY DR.
#324
LAUDERHILL, FL 33351

New Mailing Address:

FEI Number: 90-0159240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, PHILPPOT
4846 N. UNIVERSITY DR.
324
LAUDERHILL, FL, FL 33351 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALKER, PHILPPOT
Address: 4846 N. UNIVERSITY DR., #324
City-St-Zip: LAUDERHILL, FL 33351

Title: MGRM () Delete
Name: JAMES, JANELLE
Address: 4846 N. UNIVERSITY DR., #324
City-St-Zip: LAUDERHILL, FL 33351

Title: MGRM () Delete
Name: SAMUEL-WALKER, MARSHA
Address: 4846 N. UNIVERSITY DR., #324
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PHILPPOT WALKER

MGRM

02/18/2007

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