2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2008 8:00 am Secretary of State

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DOCUMENT # L04000037247 1. Entity Name TNT ENTERTAINMENT LLC						02-27-2008		24 ***I	38.75
Principal Plac	e of Business	Mailing Address			·	200Tnaac	•		
11070 SPRINGFIELD PLACE COOPER CITY, FL 33026 US 11070 SPRINGFIELD PLACE COOPER CITY, FL 33026 US COOPER CITY, FL 33026 US						2011 Jist 2011 8011 8011	I BREBB MINL 18618 (I	IEII E1211 III	18 4 2 11
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212008	Chg-LLC	CR2E083			
City & State		City & State		4. FEI Numbe 20-1173			⊢	plied For t Applicable	
Zip	Country	Zip	Country	у		of Status Desired		.00 Add	
	6. Name and Address of Current		7. Name and	Address of New Re	egistered Age	nt	•		
				Name			-		
OJEDA, ANTHONY 11070 SPRINGFIELD PLACE COOPER CITY, FL 33026				Street Address (P.O. Box Number is Not Acceptable)					
	0117,12 00020								
				City			FL	Zip Code	
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	registered	foffice or register	ed agent, or boti	n, in the State of Flo	rida. I am fam	iliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	things and help it approaches the things are	. December 4	A cost sizes the resulted	Lubas (Santalan)		DATE		
	Signature, typed or printed name or registered agent	and the « appacable. (NOTE:	; Hegistered A	Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State				
9.	MANAGING MEMB	 ERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE					Change	Addition
NAME	OJEDA, ANTHONY		NAME	l l					
STREET ADDRESS	2701 N HIATUS ROAD		HOUSE						
CITY-ST-ZIP	COOPER CITY, FL 33330		STREET	ADDRESS					
TITLE			STREET CITY-ST					7.05	- Addition
NAME		☐ Delete	STREET] Change	Addition
STREET ADDRESS		☐ Delete	STREET CITY-ST TITLE NAME						☐ Addition
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 empoyeged to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND SHEET OF PRINTED NAME OF SIGNATURE

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #