

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040659

FILED
Apr 07, 2008
Secretary of State

Entity Name: CONCRETE LION PICTURES LLC.

Current Principal Place of Business:

672 LEGACY PARK DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

672 LEGACY PARK DRIVE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 34-1998435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROUT, SHAUN
672 LEGACY PARK DRIVE
CASSELBERRY, FL 32707 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: TROUT, SAUN
Address: 672 LEGACY PARK DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Delete
Name: TROUT, CHRISTINA
Address: 672 LEGACY PARK DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Delete
Name: BRAUCHER, JONATHAN
Address: 672 LEGACY PARK DRIVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TROUT, SHAUN
Address: 672 LEGACY PARK DRIVE
City-St-Zip: CASSELBERRY, FL 32707

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 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: SHAUN TROUT

MGRM

04/07/2008

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