FILED
May 31, 2005 8:00 am
Secretary of State

04-22-2005 90046 032 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000047054

1. Entity Name
SPRINGFIELD FILMS ENTERTAINMENT GROUP, LLC

Principal Place of Business	Mailing Address
7719 PINE VISTA COURT ORLANDO, FL 32819	P.O. BOX 1683 WINDERMERE, FL 34786-1683

30008146

02202005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
11288 Ventura Blvd.	11288 Ventura Blvd.
Suite, Apt. #, etc.: # 125	Suite, Apt. #, etc.: # 125
City & State: Studio City, CA	City & State: Studio City, CA
Zip: 91604 Country:	Zip: 91604 Country:

4. FEI Number: 27-0093823 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWUZ, DAVE 7719 PINE VISTA COURT ORLANDO, FL 32819	Name: Lawrence H. Haber Street Address (P.O. Box Number is Not Acceptable): 20 North Orange Ave., Ste 1400 City: Orlando FL Zip Code: 32801

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: [signature] DATE: 4/18/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 SWUZ, DAVE 7719 PINE VISTA COURT ORLANDO, FL 32819 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. Dave Swuz 11288 Ventura Blvd. #125 Studio City, CA 91604 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. Jaime Velez P.O. Box 1683 Windermere, FL 34786 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/14/05 (818) 355-4657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Dave Swuz