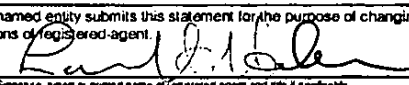
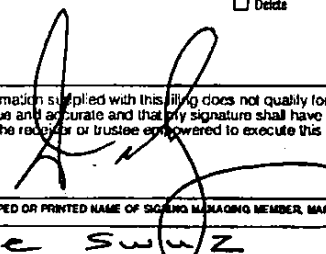


FILED
May 31, 2005 8:00 am
Secretary of State

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 7719 PINE VISTA COURT ORLANDO, FL 32819		Mailing Address P.O. BOX 1683 WINDERMERE, FL 34786-1683	
2. Principal Place of Business 11288 Ventura Blvd.		3. Mailing Address 11288 Ventura Blvd.	
Suite, Apt. #, etc. # 125		Suite, Apt. #, etc. # 125	
City & State Studio City, CA		City & State Studio City, CA	
Zip 91604		Zip 91604	
Country		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 SWUZ, DAVE 7719 PINE VISTA COURT ORLANDO, FL 32819		7. Name and Address of New Registered Agent 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:  DATE: 4/18/05 Signatures, types or printed name of registered agent and state if applicable. (NOTE: Registered Agent's signature required when re-issuing)			
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 Velcz P.O. Box 1683 Windermere, FL 34784 ☐ 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 registered agent or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. SIGNATURE:  DATE: 4/14/05 (818) 355-4657 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			