## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Apr 26, 2006 8:00 am Secretary of State DOCUMENT # L04000048149 04-26-2006 90016 018 \*\*\*\*50.00 ANIMUS ENTERTAINMENT GROUP, LLC Principal Place of Business Mailing Address 2600 DOUGLAS ROAD, STE. 506 CORAL GABLES FL 33134 2600 DOUGLAS ROAD, STE. 506 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 2140 So. Dixie Huy 214080· Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) #1307 Applied For City & State City & State 4. FEI Number FL 20-2279415 MIAMI Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired USA 33133 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALED DAMAris STOLZENBERG, KEITH H ESQ. Street Address (P.O. Box Number is Not Acceptable) RAFFERTY HART STOLZENBERG GELLES & TENENHO 1401 BRICKELL AVENUE, SUITE 825 307 MIAMI FL 33131 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES 1460 Change THTLE MGR ☐ Delete ☐ Addition DAMAris VALLED NAME VALERO, DAMARIS NAME 2140 South Dixie Hwy # 307 STREET ADDRESS STREET ADDRESS 2332 GALIANO STREET, SUITE 101 HÍANÎ FL 33133 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

4-17-06 786-303-0545 SIGNATURE:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered to execute this report as required by Chapter 608, Florida Statutes.