2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060506

Entity Name: BLACKBURST ENTERTAINMENT LLC

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

405 DOUGLAS AVE 1830 LONGWOOD-LAKE MARY RD SUITE 2505-1 UNIT 1024

ALTAMONTE SPRINGS, FL 32714 LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

405 DOUGLAS AVE 1830 LONGWOOD-LAKE MARY RD

SUITE 2505-1 UNIT 1024

ALTAMONTE SPRINGS, FL 32714 LONGWOOD, FL 32750

FEI Number: 90-0199201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOWE, WALTER J MGRM

405 DOUGLAS AVE

1830 LONGWOOD-LAKE MARY RD

SUITE 2505-1 UNIT 1024
ALTAMONTE SPRINGS, FL 32701 US LONGWOOD, FL 32750 US

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: JOE DORSEY 03/16/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 DORSEY, JOSEPH
 Name:
 DORSEY, JOSEPH

 Address:
 131 LAGO VISTA BLVD.
 Address:
 159 PARSONS RD

 City-St-Zip:
 CASSELBERRY, FL 32707
 City-St-Zip:
 LONGWOOD, FL 32779

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LOWE, WALTER
 Name:

 Address:
 380 LAKE ONTARIO CT. #103
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32701
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 DEMAIO, JOHN X
 Name:

 Address:
 1090 SONOMA CT.
 Address:

 City-St-Zip:
 LONGWOOD, FL 32750
 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: JOSEPH DORSEY MR 03/16/2009