

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 19, 2008
Secretary of State**

DOCUMENT# L04000068869

Entity Name: DYNASTY ENTERTAINMENT LLC

Current Principal Place of Business:

2558 DOVETAIL DRIVE
OCOEE,, FL 34761

New Principal Place of Business:

3580 ALOMA AVE
SUITE 2
WINTER PARK, FL 32792

Current Mailing Address:

2558 DOVETAIL DRIVE
OCOEE,, FL 34761

New Mailing Address:

FEI Number: 20-1652712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, ZACH
13580 TEXAS WOODS CIRCLE
ORLANDO, FL 32824 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: MGR () Delete
Name: TAYLOR, ZACH
Address: 13580 TEXAS WOODS CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TAYLOR, ZACH
Address: 2558 DOVETAIL DR
City-St-Zip: OCOEE, FL 34761

Title: MGR () Change (X) Addition
Name: TAYLOR, ELISE M
Address: 13580 TEXAS WOODS CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: MGR () Change (X) Addition
Name: DUNNELL, EVER
Address: 2558 DOVETAIL DR
City-St-Zip: OCOEE, FL 34761

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: ZACHARIAH TAYLOR

MGR

05/19/2008

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