


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90091 043 ***138.75

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| DOCUMENT # L04000086130 |  |
| 1. Entity Name ACME INTERNATIONAL, LLC | |

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| Principal Place of Business 9100 S. DADELAND BOULEVARD, SUITE 901 MIAMI, FL 33156 | Mailing Address 9100 S. DADELAND BOULEVARD, SUITE 901 MIAMI, FL 33156 |
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| 2. Principal Place of Business - No P.O. Box # 9100 S. DADELAND BLVD. | 3. Mailing Address 9100 S. DADELAND BLVD. |
| Suite, Apt. #, etc. 1600 | Suite, Apt. #, etc. 1600 |

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| City & State MIAMI, FL | City & State MIAMI, FL |
| Zip 33156 | Country USA |

01082008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-1947959 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BINSTOCK, ALEX S C/O BINSTOCK, RUBIN, ET AL 9100 S. DADELAND BLVD., SUITE 901 MIAMI, FL 33156-7815 | 7. Name and Address of New Registered Agent Name BINSTOCK, ALEX S Street Address (P.O. Box Number is Not Acceptable) C/O BINSTOCK RUBIN ADLER ALDECOA ET AL 9100 S. DADELAND BLVD., SUITE 1600 City MIAMI FL Zip Code 33156 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIVAKUMAR, MANNARGUDI R 18TH FL, FLAT-C, TUNGSHAN MANSION, NO 11 TAIKOO SHING RD, HONG KONG, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIVAKUMAR, SRIVIDYA 18TH FL, FLAT-C, TUNGSHAN MANSION, NO 11 TAIKOO SHING RD, HONG KONG, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GIRNUN, FRANK 1114 FAIRFIELD MEADOWS DRIVE WESTON, FL 33327 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.

SIGNATURE *Frank Girnun* X 1/24/08 954 614 X 0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #