

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004322

Entity Name: PHOENIX ENTERTAINMENT, LLC

FILED
Feb 21, 2007
Secretary of State

Current Principal Place of Business:

19380 COLLINS AVENUE
SUITE 411-B
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

19380 COLLINS AVENUE
SUITE 411-B
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 20-5021529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, LUIS
19380 COLLINS AVENUE
SUITE 411-B
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

FLORES, LUIS F
19380 COLLINS AVENUE
SUITE 411-B
SUNNY ISLES BEACH, FL 33160 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: LUIS F FLORES

02/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAWTON, PHILIP A
Address: 19380 COLLINS AVENUE, SUITE 411-B
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR () Delete
Name: HERETOIU, BOGDAN
Address: 19380 COLLINS AVENUE, SUITE 411-B
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: FLORES, LUIS F
Address: 19380 COLLINS AVENUE, SUITE 411-B
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS F FLORES

MGR

02/21/2007

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