

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004322

FILED  
May 03, 2010  
Secretary of State

Entity Name: PHOENIX ENTERTAINMENT, LLC

## Current Principal Place of Business:

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

## New Principal Place of Business:

3709 W. CITRUS TRACE  
DAVIE, FL 33328

## Current Mailing Address:

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

## New Mailing Address:

3709 W. CITRUS TRACE  
DAVIE, FL 33328

FEI Number: 20-2384559      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FLORES, LUIS F  
3709 W. CITRUS TRACE  
DAVIE, FL 33328 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

05/03/2010

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: LAWTON, PHILIP A  
Address: 3709 W. CITRUS TRACE  
City-St-Zip: DAVIE, FL 33328

Title: MGRM  
Name: FLORES, LUIS F  
Address: 71 BETHANY RD  
City-St-Zip: EPHRATA, PA 17522

Title: MGR  
Name: HOLDEMAN, DION  
Address: 71 BETHANY RD  
City-St-Zip: EPHRATA, PA 17522

Title: MGR  
Name: HEIST, SCOTT M  
Address: 71 BETHANY RD  
City-St-Zip: EPHRATA, PA 17522

I hereby 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

MGRM

05/03/2010

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