

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000004437

FILED
Aug 20, 2008
Secretary of State**Entity Name:** THE CREATIVE UNDERGROUND, LLC**Current Principal Place of Business:**5550 GLADES RD.
STE 300
BOCA RATON, FL 33431 US**New Principal Place of Business:****Current Mailing Address:**5550 GLADES RD.
STE 300
BOCA RATON, FL 33431 US**New Mailing Address:****FEI Number:** 20-2299175**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HERNANDEZ, DAVID
3000 N UNIVERSITY DR
STE E
CORAL SPRINGS, FL 330652960 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: MGRM () Delete
Name: GERSHENSON, DAN
Address: 5550 GLADES RD. STE 300
City-St-Zip: BOCA RATON, FL 33431Title: MGRM () Delete
Name: OLIVIERI, TOM
Address: 3830 LYONS ROAD, APT. 308
City-St-Zip: COCONUT CREEK, FL 33073Title: MGRM (X) Delete
Name: PAUL, JOE
Address: 3830 LYONS ROAD, APT. 308
City-St-Zip: COCONUT CREEK, FL 33073**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
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: DAN GERSHENSON

MGRM

08/20/2008

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