## 2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT **DOCUMENT # L05000037691 FILED** 1. Entity Name Jul 11, 2008 08:00 AM MOONLIGHT LLC Secretary of State Principal Place of Business Mailing Address 220 RIVERSIDE BOULEVARD 155 AVENUE OF THE AMERICAS 3RD FL PH1A/B NEW YORK, NY 10013 NEW YORK, NY 10069 07072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1235059 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 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 Fiorida I am familiar with, and accept the obligations of registered agent. SIGNATURE. FILE NOWII! FEE IS \$138.75 In accordance with s. 607.193(2)(b); F.S.; the limited Due by September 12, 2008 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. MGRM TITLE FINE, PETER NAME 220 RIVERSIDE BOULEVARD, PH1A/B STREET ADDRESS CiTY-ST-ZIP NEW YORK, NY 10069 U00000954259. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

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