

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054483

FILED
Apr 23, 2009
Secretary of State

Entity Name: ALL-IN MOVIE, LLC

Current Principal Place of Business:

817 HOGAN WAY
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

817 HOGAN WAY
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 20-2883279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULDING, RICHARD DR
817 HOGAN WAY
MELBOURNE, FL 32940 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: GOULDING, RICHARD DR
Address: 817 HOGAN WAY
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM () Delete
Name: COMITOR, LOREN
Address: 3346 COMMERCIAL AVENUE
City-St-Zip: NORTHBROOK, IL 60062

Title: MGRM () Delete
Name: GOULDING, PATRICIA
Address: 817 HOGAN WAY
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: COMITOR, LOREN
Address: 3710 COMMERCIAL AVENUE, SUITE 11
City-St-Zip: NORTHBROOK, IL 60062

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: DR RICHARD GOULDING

MGRM

04/23/2009

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