2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074577

Entity Name: DOVELIGHT ENTERTAINMENT, LLC

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

1405 S. UNIVERSITY DRIVE PLANTATION, FL 33324 1405 S. UNIVERSITY DRIVE PLANTATION, FL 33324 US

Current Mailing Address: New Mailing Address:

1405 S. UNIVERSITY DRIVE 1405 S. UNIVERSITY DR PLANTATION, FL 33324 US

FEI Number: 20-3229016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACCUPAY SERVICES, CORP.

1776 N PINE ISLAND RD STE 216
FORT LAUDERDALE, FL 33322
US
PADRINO, MARIO MNGM
1405 S. UNIVERSITY DR.
PLANTATION, FL 33324
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: MARIO PADRINO 04/08/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PADRINO, MARIO
 Name:

 Address:
 1405 S. UNIVERSITY DRIVE
 Address:

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: KOONCE, NATHANIEL C JR. Name: PADRINO, NAYADE

Address: 5205 NW 95TH AVE. Address: 1405 S. UNIVERSITY DR. City-St-Zip: PLANTATION, FL 33324 City-St-Zip: PLANTATION, FL 33324

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 KOONCE, KATHERINE T
 Name:

 Address:
 5205 NW 95TH AVE.
 Address:

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 PADRINO, NAYADE E
 Name:

 Address:
 1405 S. UNIVERSITY DRIVE
 Address:

 City-St-Zip:
 PLANTATION, FL 33324
 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: MARIO PADRINO MGRM 04/08/2009