

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100458

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: NYMBURU MULTIMEDIA L.L.C.

## Current Principal Place of Business:

2467 N JOHN YOUNG PKWY  
ORLANDO, FL 32804

## New Principal Place of Business:

## Current Mailing Address:

2467 N JOHN YOUNG PKWY  
ORLANDO, FL 32804

## New Mailing Address:

P.O. BOX 681841  
ORLANDO, FL 32868

FEI Number: 43-2092034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FLORES, MARIE  
2467 N JOHN YOUNG PKWY  
ORLANDO, FL 32804 US

## Name and Address of New Registered Agent:

LEONARD, WALDEN  
2467 N JOHN YOUNG PKWY  
ORLANDO, FL 32804 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: LEONARD WALDEN

03/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WALDEN, LEONARD  
Address: PO BOX 681841  
City-St-Zip: ORLANDO, FL 32868

Title: MGR (X) Delete  
Name: FLORES, MARIE  
Address: PO BOX 681841  
City-St-Zip: ORLANDO, FL 32868

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WALDEN, LEONARD  
Address: 2467 N JOHN YOUNG PKWY  
City-St-Zip: ORLANDO, FL 32804

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: LEONARD WALDEN

MGR

03/20/2009

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