## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED Apr 30, 2008 08:00 AN Secretary of State

DOCUMENT # L05000102408  1. Entity Name KIDS BLOCK, LLC					Secretary of Sta
2200 W. COMMERCIAL BLVD. 2200 W. CO STE 208B STE 208B		Mailing Address 2200 W. COMMERCIAL BLVD. STE 208B FT. LAUDERDALE, FL 33309		  - 	
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	of the same of the same of the same of the same	The first section of the first		4. FEt Number 20-3821454	Applied For Not Applicable
		And the second s	生态/3000 15.000 图像电影中心	5. Certificate of Status Desired	□ \$5.00 Additional Fee Required
OCEAN RI	RTH OCEAN BLVD. IDGE, FL 33435			DO NOT W	PACE
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 Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	•		U00000 05/23/08-	0935856 -80088-015 138.75
9.	MANAGING MEMBER	S/MANAGERS	ot indicating	· · · · · · · · · · · · · · · · · · ·	again on appel attendance of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TONE, LLC 494 8TH AVE., SUITE 1005 NEW YORK, NY 10001		Miles I have been been been been been been been be	and the pathers of the second	The second of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POKE, LLC 494 8TH AVE., SUITE 1005 NEW YORK, NY 10001			Cambig de la companya del la companya de la companya del companya de la companya de la companya del companya de la companya de	
name Street address ' City+St-Zip	MGRM S.LLC 6221 ISLAND WALK D BOCA RATON, FL 33496		The second of th	DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM J.LLC 2200 W COMMERCIAL BLVD STE FT. LAUDERDALE, FL 33309	₹ 208B	The state of the s	IN LAIS SE	ACE A THE WAR THE PARTY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A.LLC 6301 N. OCEAN BLVD. OCEAN RIDGE, FL 33435				I further certify that the information
TITLE NAME STREET ADDRESS CITY-ST-ZIP			the second of th		And School
11. I hereby certify that the information supplied with this filling 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 limited liability company or the receiver or trustee embowered to execute this report as required by Chapter 608, Florida Statutes.					