

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90035 002 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000116405			
1. Entity Name LUCKYBUG ENTERTAINMENT, LLC			
Principal Place of Business 398 SE MIZNER BLVD SUITE 1917 BOCA RATON, FL 33432		Mailing Address 398 SE MIZNER BLVD SUITE 1917 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # 390 SE MIZNER BLVD		3. Mailing Address 390 SE MIZNER BLVD	
Suite, Apt. #, etc. 1807		Suite, Apt. #, etc. 1807	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33432	Country USA	Zip 33432	Country USA
6. Name and Address of Current Registered Agent NATIONAL REGISTERED AGENTS INC 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE (NOTE: Registered Agent signature required when canceling)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESHEFSKY, RONALD 3651 FAU BLVD., STE. 300 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESHEFSKY, RONALD 2424 N. FEDERAL HIGHWAY BOCA RATON, FL 33431 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESHEFSKY, REBECCA 398 SE MIZNER BLVD #1917 BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESHEFSKY, REBECCA 390 SE MIZNER BLVD #1807 BOCA RATON, FL 33432 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Ronald Reshefsky</i>		Date: <i>April 23, 2008</i> - 561 414 3542	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	