2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# L06000014940

Entity Name: REVERE ENTERTAINMENT STUDIOS' AUSTRALIAN EXTREMES, LLC

Current Principal Place of Business:

1008 DISHMAN LOOP
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

23 ALAFAYA WOODS BLVD
#183
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-4528336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIGGS, WALT
836 ROYALWOOD LANE
OVIEDO, FL 32765 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:	MGR	( ) Delete
Name:	REVERE ENTERTAINMENT, STUDIOS, LLC	
Address:	1008 DISHMAN LOOP	
City-St-Zip:	OVIEDO, FL 32765	
Title:	MGR	( ) Delete
Name:	HILL, GREG	
Address:	1008 DISHMAN LOOP	
City-St-Zip:	OVIEDO, FL 32765	
Title:	MGR	( ) Delete
Name:	SOMMER, BRYAN	
Address:	6226 CRESCENT MOON COURT	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	MGR	( ) Delete
Name:	GRIGGS, WALT	
Address:	836 ROYALWOOD LANE	
City-St-Zip:	OVIEDO, FL 32765	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: WALT GRIGGS MGR 09/03/2008

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