

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018171

FILED
Apr 21, 2009
Secretary of State

Entity Name: AMUSEMENT CONSULTING, LLC

Current Principal Place of Business:

3800 SOUTH OCEAN DRIVE
SUITE 217
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

Current Mailing Address:

3800 SOUTH OCEAN DRIVE
SUITE 217
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STORINO, VINCENT
1850 SOUTH OCEAN DRIVE
SUITE 1105
HALLANDALE BEACH, FL 33009 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: MGRM () Delete
Name: STORINO, PAT
Address: 3800 SOUTH OCEAN DRIVE, SUITE 217
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: MGRM () Delete
Name: STORINO, VINCENT
Address: 3800 SOUTH OCEAN DRIVE, SUITE 217
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: MGRM () Delete
Name: ROLLE, FREDERICK J III
Address: 3800 SOUTH OCEAN DRIVE, SUITE 217
City-St-Zip: HOLLYWOOD, FL 33019 US

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:

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: PAT STORINO

MGRM

04/21/2009

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