2007 LIMITED LIABILITY COMPANY

Aug 10, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000031327 08-10-2007 90015 026 ****50.00 1. Entity Name TEMPO ENTERTAINMENT, LLC Principal Place of Business Mailing Address 60054473 520 SW 22ND ROAD 520 SW 22ND ROAD MIAMI, FL 33129 MIAMI, FL 33129 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Same as aba Same as Suite, Apt. #, etc. Suite, Apt. #, etc. 08062007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 10- 486311 Not Applicable Žiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEPENIK, BART Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE BOULEVARD **SUITE 401** MIAMI, FL 33181 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR ППЕ □ Delete TITLE ☐ Change ☐ Addition NAME BRIGNOLE, REBECCA NAME **520 SW 22ND ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-7IP TITI F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ППЕ ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

August 6, 2007

FILED

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