


2007 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT

DOCUMENT # L06000041413 1. Entity Name IGF ENTERTAINMENT, LLC					
Principal Place of Business 12555 BISCAYNE BOULEVARD #997 NORTH MIAMI, FL 33181			Mailing Address 12555 BISCAYNE BOULEVARD #997 NORTH MIAMI, FL 33181		
2. Principal Place of Business - No P.O. Box # 8340 RESOURCE DRIVE Suite, Apt. #, etc.			3. Mailing Address 3801 N UNIVERSITY DRIVE Suite, Apt. #, etc.		
City & State RIVIERA BEACH, FL			City & State SUNRISE, FL		
Zip 33404		Country		Zip 33351	
Country		Country		4. FEI Number 76-0826857	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARTIN, PAUL S 2134 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name LOUIS J. TERMINELLO, ESQ. Street Address (P.O. Box Number is Not Acceptable) 2700 SW 37 AVENUE City MIAMI	
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.				DATE 10/3/07	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				DATE (NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$50.00		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSA, JOHN W 12555 BISCAYNE BOULEVARD #997 NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONARD DEL PERCIO 3801 N UNIVERSITY DR, SUITE 315 SUNRISE, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL DEL PERCIO 3801 N UNIVERSITY DR, SUITE 315 SUNRISE, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Leonard Del Percio</u> 10/01/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone					

FILED
07 OCT -9 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09262007 Chg-LLC CR2E083 (12/06)

BK

60011093886
10/18/07--01003--001 **50.00

254 747 7676