

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051480

FILED
Jun 13, 2008
Secretary of State

Entity Name: THAWED OUT CONTENT, LLC

Current Principal Place of Business:

3260 NW 66TH STREET
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

3381 SW 16TH STREET
FORT LAUDERDALE, FL 33312

Current Mailing Address:

3260 NW 66TH STREET
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

3381 SW 16TH STREET
FORT LAUDERDALE, FL 33312

FEI Number: 06-1779077 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:

HODGKINSON, VANESSA E
3260 NW 66TH STREET
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

HODGKINSON, VANESSA E
3381 SW 16TH STREET
FORT LAUDERDALE, FL 33312 US

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: VANESSA HODGKINSON

06/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HODGKINSON, VANESSA E
Address: 3260 NW 66TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HODGKINSON, VANESSA E
Address: 3381 SW 16TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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: VANESSA HODGKINSON

MS.

06/13/2008

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