

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056887

FILED
Apr 02, 2009
Secretary of State

Entity Name: KV ENTERTAINMENT LLC

Current Principal Place of Business:

842 SALCEDO STREET
APT. F
CORAL GABLES, FL 33134 US

New Principal Place of Business:

3725 ALCANTARA AVE
DORAL, FL 33178 US

Current Mailing Address:

842 SALCEDO STREET
APT. F
CORAL GABLES, FL 33134 US

New Mailing Address:

3725 ALCANTARA AVE
DORAL, FL 33178 US

FEI Number: 20-4976996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREA RUBES
842 SALCEDO STREET
APT F
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ANDREA RUBES
3725 ALCANTARA AVE
DORAL, FL 33178 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: AR

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LA MANTIA, GABRIELE
Address: 842 SALCEDO STREET APT F
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: RUBES, ANDREA
Address: 842 SALCEDO STREET APT F
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LA MANTIA, GABRIELE
Address: 3725 ALCANTARA AVE
City-St-Zip: DORAL, FL 33178

Title: MGR (X) Change () Addition
Name: RUBES, ANDREA
Address: 3725 ALCANTARA AVE
City-St-Zip: DORAL, FL 33178

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: AR

MGR

04/02/2009

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