


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90082 031 ***138.75

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| DOCUMENT # L06000074199 |  |
| 1. Entity Name CMN ENTERTAINMENT CENTERS LLC | |

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| Principal Place of Business 4015 BAYSHORE BLVD., SUITE 7-F TAMPA, FL 33611 US | Mailing Address P.O. BOX 8300 TUCSON, AZ 85738 US |
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| 2. Principal Place of Business - No P.O. Box # 28929 Longmeadow Loop | 3. Mailing Address |
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| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
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| City & State Wesley Chapel, FL | City & State |
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|---------------------|---------|-----|---------|
| Zip 33543 | Country | Zip | Country |
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50008620

07152008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-5268868 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent QUINLAN, JAMES 500 NORTH WESTSHORE BOULEVARD STE. 1010 TAMPA, FL 33609 | |
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| 7. Name and Address of New Registered Agent Name Quintan, James Street Address (P.O. Box Number is Not Acceptable) 28929 Longmeadow Loop City Wesley Chapel FL Zip Code 33543 | |
| 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 /s/ Jim Quinlan <i>[Signature]</i> DATE 7/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS / MANAGERS | | | | 10. ADDITIONS / CHANGES | | | |
|--|---|---|--|---|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STEVENS, MARK 4015 BAYSHORE BLVD., SUITE 7-F TAMPA, FL 33611 | <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHMIELINSKI, ROBERT W 60 WALNUT STREET, 4TH FLOOR WELLESLEY, MA 02481 | <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PITZER, ROBERT P.O. BOX 8300 TUCSON, AZ 85738 | <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: <i>[Signature]</i> Robert Pitzer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | DATE 7/12/08 DAYTIME PHONE # 602-300-9356 |