2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000074838 BARNIE'S LICENSING, LLC 2008 OCT 21 PH 12: 30 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 2126 W. LANDSTREET RD. 2126 W. LANDSTREET RD. ORLANDO, FL 32809 ORLANDO, FL 32809 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 09272008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number City & State Applied For 20-5314398 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DULIN, RAMSEY W Street Address (P.O. Box Number is Not Acceptable) 201 EAST PINE STREET 425 CAPITAL PLAZA ORLANDO, FL 32801 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 Fiorida. 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 Make check payable to Amended AR is \$50.00 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR MGR ☐ Change TITLE Addition TITLE. Delete BARNIE'S II, INC NAME NAME B. Philip Jones, Jr. STREET ADDRESS 2126 W. LANDSTREET RD. STREET ADDRESS 2126 W. Landstreet Road Orlando, FL 32809 MGR ORLANDO, FL 32809 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ▼ Addition James H. Pugh, Jr. NAME NAME STREET ADDRESS STREET ADDRESS 2126 W. Landstreet Road CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32809 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME 300137132733 10/21/08--01026--008 **400.00 STREET ADDRESS 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 ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Philip Jones,

SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

407/854-6600

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