

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092624

FILED
Apr 26, 2007
Secretary of State

Entity Name: FUP MOB ENTERTAINMENT, LLC

Current Principal Place of Business:

10 SW RIVER DR. STE 913
MIAMI, FL 33130

New Principal Place of Business:

18101 COLLINS AVE
APT 1903
SUNNY ISLES, FL 33160 US

Current Mailing Address:

10 SW RIVER DR. STE 913
MIAMI, FL 33130

New Mailing Address:

18101 COLLINS AVE APT 1903
APT 1903
SUNNY ISLES, FL 33160 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LASTER, REALITY
Address: 10 SW RIVER DR. STE 913
City-St-Zip: MIAMI, FL 33130

Title: MGRM () Delete
Name: BELLO, FARAH
Address: 10 SW RIVER DR. STE 913
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LASTER, REALITY
Address: 18101 COLLINS AVE APT 1903
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM (X) Change () Addition
Name: GARCIA CIRTCHFIELD, ISABEL A
Address: 18101 COLLINS AVE APT 1903
City-St-Zip: SUNNY ISLES, FL 33160 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: REALITY LASTER

MGRM

04/26/2007

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