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(City/State/Zip/Phone #)

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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 10 PM 2:17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Adrenalina Films LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isaac Lekach

Name of Person

Very Awesome Media Group Inc.

Firm/Company

72 Spring Street, Suite 304

Address

New York, NY 10012

City/State and Zip Code

isaac@dt-mag.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isaac Lekach

Name of Person

at (212)

274-8403

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2


If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Very Awesome Media Group	72 Spring St, Suite 304 NY, NY 10012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Adrenalina, Inc.	20855 NE 16th Ave, Ste C16 North Miami Beach, FL 33179	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12/9, 2009



Signature of a member or authorized representative of a member
Michael Labovitz

Typed or printed name of signee