

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 18, 2007  
Secretary of State**

DOCUMENT# L06000099612

Entity Name: RAVENFILM-SRG, LLC

**Current Principal Place of Business:**

4350 S.E. HIGHWAY 42  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

4350 S.E. HIGHWAY 42  
SUMMERFIELD, FL 34491

**New Mailing Address:**

1338 STANFORD ST  
UNIT D  
SANTA MONICA, CA 90404

FEI Number: 20-5633983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, SCOTT E  
111 NORTH ORANGE AVENUE, SUITE 1200  
ORLANDO, FL 32801 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: JARAMILLO, DARIO L  
Address: 4350 S.E. HIGHWAY 42  
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGRM ( ) Delete  
Name: SPADARO, JOSEPH  
Address: 4350 S.E. HIGHWAY 42  
City-St-Zip: SUMMERFIELD, FL 34491

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JARAMILLO, DARIO L  
Address: 1338 STANFORD ST UNIT # D  
City-St-Zip: SANTA MONICA, CA 90404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DARIO L. JARAMILLO

MGRM

04/18/2007

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