

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100963

FILED
Apr 30, 2008
Secretary of State

Entity Name: STREET LIGHT ENTERTAINMENT GROUP, LLC

Current Principal Place of Business:

8362 PINES BLVD., #270
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

8362 PINES BLVD., #270
PEMBROKE PINES, FL 33024

New Mailing Address:

142 LANGDON FARM CIRCLE
ODENTON, MD 21113 US

FEI Number: 13-4346368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOKES, RODERICK L
8362 PINES BLVD., #270
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

WOODS, KEVIN
8362 PINES BLVD., #270
PEMBROKE PINES, FL 33024 US

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: KEVIN J. WOODS

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STOKES, RODERICK L
Address: 8362 PINES BLVD., #270
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM (X) Delete
Name: WOODS, KEVIN
Address: 8362 PINES BLVD., #270
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOODS, KEVIN
Address: 8362 PINES BLVD., #270
City-St-Zip: PEMBROKE PINES, FL 33024

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

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: KEVIN WOODS

MGRM

04/30/2008

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