

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118637

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE BOXING CHRONICLES, LLC

Current Principal Place of Business:

11430 SW 1ST CT.
PLANTATION, FL 33318

New Principal Place of Business:

1333 S UNIVERSITY DRIVE
SUITE 201
PLANTATION, FL 33324

Current Mailing Address:

PO BOX 16328
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 20-8029577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, JONES, MONTEFUSCO & INGINO, PA
1333 S. UNIVERSITY DRIVE
SUITE 201
PLANTATION, FL 33324 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: REITMAN, HAROLD S
Address: 11430 SW 1 CT.
City-St-Zip: PLANTATION, FL 33318

Title: MGMR () Delete
Name: NESBITT, JAMES G JR
Address: 11430 SW 1 CT.
City-St-Zip: PLANTATION, FL 33318

Title: MGMR () Delete
Name: DUNDEE, ANGELO
Address: 11430 SW 1 CT
City-St-Zip: PLANTATION, FL 33318

ADDITIONS/CHANGES:

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

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

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: HAROLD REITMAN

MGRM

04/27/2009

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