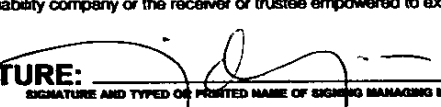


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90077 029 ***150.00

DOCUMENT # L06000122879 1. Entity Name ANIMAGE, LLC																																									
Principal Place of Business 1000 BRICKELL AVENUE, STE 1020 MIAMI, FL 33131			Mailing Address 1000 BRICKELL AVENUE, STE 1020 MIAMI, FL 33131																																						
2. Principal Place of Business - No P.O. Box # 540 BRICKELL KEY DR. Suite, Apt. #, etc. 1800		3. Mailing Address SAME Suite, Apt. #, etc. PAC																																							
City & State MIAMI, FL		City & State MIAMI, FL																																							
Zip 33131 Country USA		Zip 33131 Country USA		4. FEI Number 20-8118937 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable																																		
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Not Applicable																																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																									
6. Name and Address of Current Registered Agent VILLANUEVA, BAJANDAS & LIEBEGOTT, LLC 1000 BRICKELL AVENUE, STE 1020 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name MIGDALIA SALAZAR Street Address (P.O. Box Number is Not Acceptable) 540 BRICKELL KEY DR. #1800 City MIAMI FL Zip Code 33131																																						
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE April 27/2007 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)																																									
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																							
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																						
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.																																									
SIGNATURE:  DATE April 27/2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																									