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~~

04272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
540 BRICKELL KEY DR	Same
Suite, Apt. #, etc. 1800	Suite, Apt. #, etc.
City & State miami, FL	City & State
Zip 33131 Country USA	Zip Country

4. FEI Number 20-8118937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~VILLANUEVA,BAJANDAS & LIEBEGOTT, LLC~~	Name MIGDALIA SALAZAR
~~1000 BRICKELL AVENUE~~, STE 1020	Street Address (P.O. Box Number is Not Acceptable) 540 BRICKELL KEY DR. #1800
~~MIAMI, FL 33131~~	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 [signature] april 27/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ ~~SALAZAR, RAUL J~~ ~~1000 BRICKELL AVENUE, STE 1020~~ ~~MIAMI, FL 33131~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SALAZAR RAUL J 540 BRICKELL KEY DR #1800 miami, FL 33131 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MIGDALIA SALAZAR 540 BRICKELL KEY DR. # 1800 miami, FL 33131 ☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: [signature] april 27/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #