2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L06000122879

Entity Name: ANIMAGE, LLC

Current Principal Place of Business:

540 BRICKELL KEY DR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

540 BRICKELL KEY DR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-8118937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALAZAR, MIGDALIA
540 BRICKELL KEY DR #1800
MIAMI, FL 33131 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: MGR ( ) Delete
Name: SALAZAR, RAUL J
Address: 540 BRICKELL KEY DR #1800
City-St-Zip: MIAMI, FL 33131

Title: V ( ) Delete
Name: SALAZAR, MIGDAUA
Address: 540 BRICKELL KEY DR #1800
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: SALAZAR, MIGDALIA E
Address: 540 BRICKELL KEY DR #1800
City-St-Zip: MIAMI, FL 33131

Title: VP (X) Change ( ) Addition
Name: SALAZAR, SORAYA
Address: 540 BRICKELL KEY DR #1800
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Change (X) Addition
Name: MILEO, CORINA
Address: 540 BRICKELL KEY DR #1800
City-St-Zip: MIAMI, FL 33131

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: MIGDALIA SALAZAR P 04/20/2009

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