
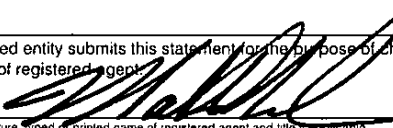
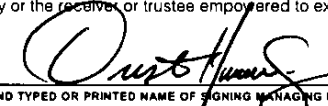


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90032 004 ***143.75

DOCUMENT # L07000003246					
1. Entity Name OH ENTERTAINMENT, LLC					
Principal Place of Business 1007 NORTH FEDERAL HIGHWAY PMB 153 FORT LAUDERDALE, FL 33304			Mailing Address 1007 NORTH FEDERAL HIGHWAY PMB 153 FORT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box # 845 NE 17 Way		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Lauderdale, FL		City & State		4. FEI Number 87-0791973	
Zip 33304		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SARELSON, MATTHEW S 1200 BRICKELL AVENUE, SUITE 1900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Matthew S. Sarelson, Esq. Street Address (P.O. Box Number is Not Acceptable) 1401 Brickell Avenue, Suite 510 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  Matthew S. Sarelson, Esq. April 3, 2008 <small>Signature, typed or printed name of registered agent and title in applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
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:  Orestes Hernandez		4/25/08		305.978.7966	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

60031797



03182008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

Additional
Fee Required

Name **Matthew S. Sarelson, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

1401 Brickell Avenue, Suite 510

City **Miami**

FL

Zip Code **33131**

Matthew S. Sarelson, Esq. April 3, 2008

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ORESTES 845 N.E. 17 WAY FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #