


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

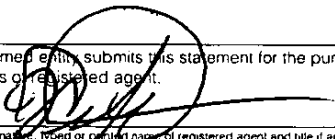
DOCUMENT # L07000010942		
1. Entity Name ELECTRONIC UNIVERSE, L.L.C.		

Principal Place of Business 8440 SW 8TH ST., APT. 501 A MIAMI, FL 33144	Mailing Address 8440 SW 8TH ST., APT. 501 A MIAMI, FL 33144
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2. Principal Place of Business - No P.O. Box # 11865 SW 26th St.	3. Mailing Address SAME
Suite, Apt. #, etc. #J2	Suite, Apt. #, etc.

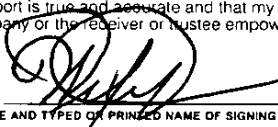
City & State Miami, Florida	City & State
Zip 33175	Country USA

6. Name and Address of Current Registered Agent DURAN, ALFREDO G 2340 SO. DIXIE HIGHWAY MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Humberto Rivera Street Address (P.O. Box Number is Not Acceptable) 15037 SW 32nd St. City Miami	
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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.		4. FEI Number 20-8615429	Applied For Not Applicable
SIGNATURE  HUMBERTO RIVERA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	8/11/08

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LACAVALERIE, RAFAELA 8440 SW 8TH ST., APT. 501-A MIAMI, FL 33144	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Director Humberto Rivera 15037 SW 32nd St. Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director Iris Galeas 15037 SW 32nd St. Miami, FL 33186	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300135023123 08/27/08--01041--012 ***50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  HUMBERTO RIVERA	Managing Dir. 8/11/08 (305) 208-2671

FILED
08 AUG 26 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08052008 Chg-LLC CR2E083 (12/06)