


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90121 006 ***138.75

| | |
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| DOCUMENT # L07000029453 |  |
| 1. Entity Name TREEFROG CINEGRAPHIX, LLC | |

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| Principal Place of Business 1809 EAST BROADWAY SUITE 352 OVIEDO, FL 32765 | Mailing Address 1809 EAST BROADWAY SUITE 352 OVIEDO, FL 32765 US |
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60006070



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| 2. Principal Place of Business - No P.O. Box # 3651 N. Goldenrod Suite, Apt. #, etc. C104 City & State Winter Park FL Zip 32792 Country USA | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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01182008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 68-0646036 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent KNIGHTLY, CHRISTIAN 4124 PLANTATION COVE DRIVE ORLANDO, FL 32810 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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. | | |
| SIGNATURE | Christian Knightly | 01/18/08 |

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

| | |
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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KNIGHTLY, CHRISTIAN 1809 EAST BROADWAY, SUITE 352 OVIEDO, FL 32765 <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 | MGR CERNIGLIA, CHRISTINE 1809 EAST BROADWAY, SUITE 352 OVIEDO, FL 32765 <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 | MGR MOLINS, DIMITRI 1809 EAST BROADWAY, SUITE 352 OVIEDO, FL 32765 <input checked="" 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 | MGR MARTIN, JOHN JR. 1809 EAST BROADWAY, SUITE 352 OVIEDO, FL 32765 <input checked="" 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 |

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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. | |
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| SIGNATURE:  | Christian Knightly | 01/18/08 | 407-733-0130 |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #