2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2010 MAY -3 AM 10: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000037577

1. Entity Name

IRON LION ENTERTAINMENT LLC

200180075162
05/03/10--01038--012 **138.75

Principal Place of Business	Mailing Address

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2385 OLD ST AUGUSTINE RD	2385 OLD ST AUGUSTINE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: TALLAHASSEE, FL.	City & State: TALLAHASSEE, FL.
Zip: 32301 Country: U.S.	Zip: 32301 Country: U.S.

4. FEI Number: 20-8882988 ☐ 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
KELVIN ANDERSON 3558 LOUVINIA DRIVE TALLAHASSEE, FL. 32311	Name: Jason R. Hall Street Address (P.O. Box Number is Not Acceptable) 2385 OLD ST. AUGUSTINE RD City: TALLAHASSEE FL Zip Code: 32301

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: Jason R. Hall — 4-30-10
(signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2010 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" Jason R. Hall 2385 Old St Augustine Rd. Tallahassee, FL. 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"MGRM" Kelvin Anderson 3558 Louvinia Drive Tallahassee, FL. 32311 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"MGRM" Kenneth E. Grice 1865 Raymond Tucker Rd. Tallahassee, FL. 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Jason R. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #