2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2010 MAY -3 AM 10: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # L07000037577

1. Entity Name

IRON LION ENTERTAINMENT LLC

Principal Place of Business | Mailing Address

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

3. Mailing Address 2385 OLD ST AUGUSTINE RD
Suite, Apt. #, etc
City & State TALLAHASSEE, FL.
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

KELVIN ANDERSON
3558 LOUVINIA DRIVE
TALLAHASSEE, FL. 32311

7. Name and Address of New Registered Agent

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 #