2008 LIMITED LIABILITY COMPANY

Feb 06, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L07000044342** 02-06-2008 90121 024 ***138.75 1. Entity Name BROTHER ENTERTAINMENT, LLC Principal Place of Business Mailing Address 60006203 4205 PRAIRIE IRIS CT **4205 PRAIRIE IRIS CT** ST. CLOUD, FL 34772 ST. CLOUD, FL 34772 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Zip Country \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ST. CYR-PAUL, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 4205 PRAIRIE IRIS CT ST. CLOUD, FL 34772 Zip Code City 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 Signature, typed or printed name of registered agent and title # applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10 Delete TITLE Change Addition ST. CYR-PAUL, CHARLES E NAME NAME 4205 PRAIRIE IRIS CT STREET ADORESS STREET ADDRESS CITY-ST-ZIP ST. CLOUD, FL 34772 CITY-ST-77P Addition Change Change TITLE Delete ffft F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Change Addition Deteta me TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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: TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTAT

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