

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059207

FILED
Apr 29, 2008
Secretary of State

Entity Name: PICTUREPLAY FILMS, LLC

Current Principal Place of Business:

4613 NORTH UNIVERSITY DRIVE
CORAL SPRINGS, FL 33067

New Principal Place of Business:

549 WEST 123RD STREET
12F
NEW YORK, NY 10027 US

Current Mailing Address:

4613 NORTH UNIVERSITY DRIVE
CORAL SPRINGS, FL 33067

New Mailing Address:

549 WEST 123RD STREET
12F
NEW YORK, NY 10027

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENFELT, SCOTT
4613 NORTH UNIVERSITY DRIVE
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

INCORP. SERVICES INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: SARAH GIBSON ON BEHALF OF INCORP SERVICES 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSENFELT, SCOTT
Address: 6404 WILSHIRE BLVD #1505
City-St-Zip: LOS ANGELES, CA 90048 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: HARRISON, JANET M
Address: 549 WEST 123RD STREET
City-St-Zip: NEW YORK, NY 10027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANET M. HARRISON MGR 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date