FILED May 09, 2008 8:00 am Secretary of State

| DOCUMENT # L07000061921 1. Entity Name SIR REBEL FILMS, L.L.C. | | | | | | | 03-31-200 | 9027 | 0 024 *** | *138.75 | |
|---|---|--------------------|---|-----------|--|-----------------|--------------------------------------|-----------|----------------------------|-----------------------------|--|
| Principal Place of Business Mailing Address 4526 BEAUMARIS DRIVE 4526 BEAUMARIS DRIVE LAND O LAKES, FL 34638 US LAND O LAKES, FL 34638 US | | | | | | | | | | | |
| 2. Principal Pl | ace of Business - No P.O | J. Mailing Address | . Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 03262008 | Chg-LLC | CR2E | 083 (12/06) | | |
| City & State | | | City & State | | | 1.26 - | 03458 | 59 | | optied For ot Applicable | |
| Zíp | Country | | Žip Court | | ntry | 5. Certificate | e of Status Desired | | \$5.00 Add Fee Require | | |
| | 6. Name and Address | of Current R | Registered Agent Name | | | 7. Name an | d Address of New R | egistered | Agent | | |
| BURTON, DAVID M———————————————————————————————————— | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | City | <u>-</u> | | FL | Zip Cod | le . | |
| 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 press named named appearant and site is applicable. (NOTE: Registered Agent signature required when refreshing) DATE | | | | | | | | | | | |
| - FILE NOW!!!- FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | | | Florida | Departm | payable to nent of Stat | . | |
| 9 | , . <u></u> | SING MEMBER | RS/MANAGERS | 10. | | | ADDITIONS | CHANGES | | | |
| OTILE NAME STREET ADDRESS CITY-ST-ZIP | MGR BURTON, DAVID M 4526 BEAUMARIS DI LAND O LAKES, FL | | □ Deleta | | 1 | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | Change | Addition | |
| HITLE HAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Colete | | ·- I | | | | Change | Addition | |
| TITLE MAARE STREET ADDRESS CITY-ST-ZIP | | | ☐ Deteta | | - 1 | | | | Change | Addition | |
| indicated limited lia | d on this report is true and ability company or the rece | accurate and | this filling does not qualify to that my signature shall have empowered to execute this | i the sam | le legal etleci es i | Imade under oat | in; that I am a manag i Statutes. | ging memb | er or waysge | er of the | |
| SIGNAT | SIGNATURE: 3-27-08 8137274334 | | | | | | | | | | |