FILED
Jul 29, 2008 8:00 am
Secretary of State

04-14-2008 90222 022 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000072667

1. Entity Name
PLUGGED IN ENTERTAINMENT L.L.C.

30010610

04142008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
375 NW 170TH STREET NORTH MIAMI BEACH, FL 33169	USPS, MIAIM GARDENS PO BOX 172054 HIALEAH, FL 33017-2054

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
18810 NW 41 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State	
Zip: 33055	Country: USA	Zip	Country

4. FEI Number: 11-3829507 ☐ 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
BROWN, ROBERT JR. 375 NW 170TH STREET NORTH MIAMI BEACH, FL 33169	Name: Robert Brown JR Street Address (P.O. Box Number is Not Acceptable): 18810 NW 41 AVE City: MIAMI FL Zip Code: 33055

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] 6/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 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 BROWN, TRAVARES 4015 NW 185 STREET MIAMI, FL 33055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, ROBERT 18810 NW 41 AVENUE MIAMI, FL 33055	☐ 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
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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: [signature] 6/18/08 786-443-0766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #