2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# L07000072883

Entity Name: PALE HORSE ENTERTAINMENT, LLC

Current Principal Place of Business:

10600 BLOOMFIELD DR.
SUITE 1725
ORLANDO, FL 32825 US

New Principal Place of Business:

210 SHADROE COVE CIR.
UNIT # 203
CAPE CORAL, FL 33991 US

Current Mailing Address:

10600 BLOOMFIELD DR.
SUITE 1725
ORLANDO, FL 32825 US

New Mailing Address:

210 SHADROE COVE CIR.
UNIT # 203
CAPE CORAL, FL 33991 US

FEI Number: 37-1546636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HEREDIA, OSVALDO
Address: 10600 BLOOMFIELD DR.
City-St-Zip: ORLANDO, FL 32825 US

Title: MGRM ( ) Delete
Name: KRAUSHAAR, SCOTT
Address: 10600 BLOOMFIELD DR.
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HEREDIA, OSVALDO E
Address: 210 SHADROE COVE CIR. UNIT # 203
City-St-Zip: CAPE CORAL, FL 33991 US

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

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: OSVALDO E. HEREDIA MGRM 04/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date