


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90069 035 \*\*\*138.75

<b>DOCUMENT # L07000087706</b> 1. Entity Name <b>SIARKIEWICZ ENTERTAINMENT, LLC</b>					
Principal Place of Business <b>454 BUCKMINSTER CIR. ORLANDO, FL 32803 US</b>			Mailing Address <b>454 BUCKMINSTER CIR. ORLANDO, FL 32803 US</b>		
2. Principal Place of Business - No P.O. Box # <b>CHANGE</b>		3. Mailing Address <b>2017 KENTUCKY AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>WINTER PARK FL</b>		4. FEI Number <b>26-0796824</b>	
Zip		Country <b>32789</b>		Country <b>SEMINOL</b>	
6. Name and Address of Current Registered Agent  <b>SIARKIEWICZ-ANTHONY 454 BUCKMINSTER CIR. ORLANDO, FL 32803</b>				7. Name and Address of New Registered Agent Name <b>ANTHONY SIARKIEWICZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2017 KENTUCKY AVE</b> City <b>WINTER PARK</b> <b>FL</b> Zip Code <b>32789</b>	
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 <b>ANTHONY SIARKIEWICZ</b> <i>Anthony Siarkiewicz</i> <b>1/15/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIARKIEWICZ, ANTHONY 454 BUCKMINSTER CIR. ORLANDO, FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIARKIEWICZ ANTHONY 2017 KENTUCKY AVE WINTER PARK FLORIDA 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>A. SIARKIEWICZ</b> <i>Anthony Siarkiewicz</i>			<b>1/15/08 407-758-7900</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		