

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088608

FILED
Apr 29, 2009
Secretary of State

Entity Name: MOTIONWAVE ENTERTAINMENT, LLC

Current Principal Place of Business:

2005 TREE FORK LANE, STE 113
LONGWOOD, FL 32750

New Principal Place of Business:

2005 TREE FORK LANE, STE 113
SUITE 109
LONGWOOD, FL 32750

Current Mailing Address:

2005 TREE FORK LANE, STE 113
LONGWOOD, FL 32750

New Mailing Address:

2005 TREE FORK LANE, STE 113
SUITE 109
LONGWOOD, FL 32750 US

FEI Number: 20-1208990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, A. NICOLE ESQ
154 LAKE VILLA'S DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

GIBILISCO, MICHAEL
2005 TREE FORK LANE
#113
LONGWOOD, FL 32750 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: MICHAEL GIBILISCO

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIBILISCO, MICHAEL
Address: 2005 TREE FORK LANE, STE 113
City-St-Zip: LONGWOOD, FL 32750

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: FIQUIERE, PAULEMILE
Address: 2005 TREE FORK LANE STE 113
City-St-Zip: LONGWOOD, FL 32750

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: MICHAEL GIBILISCO

MGMR

04/29/2009

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