

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091325

Entity Name: CATHARTIC FILMS LLC

FILED  
Apr 02, 2008  
Secretary of State

## Current Principal Place of Business:

150 W. FLAGLER STREET, PH. 2  
MIAMI, FL 33130 US

## Current Mailing Address:

150 W. FLAGLER STREET, PH. 2  
MIAMI, FL 33130 US

## New Principal Place of Business:

150 W. FLAGLER STREET  
PENTHOUSE II  
MIAMI, FL 33130 US

## New Mailing Address:

150 W. FLAGLER STREET  
PENTHOUSE II  
MIAMI, FL 33130 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE LA VEGA, VICENTE J  
150 W. FLAGLER STREET, PH. 2  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

DE LA VEGA, VICENTE J II  
150 W. FLAGLER STREET  
PENTHOUSE II  
MIAMI, FL 33130 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: VICENTE J DE LA VEGA, II

04/02/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DE LA VEGA, VICENTE J  
Address: 150 W. FLAGLER STREET, PH. 2  
City-St-Zip: MIAMI, FL 33130 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DE LA VEGA, VICENTE J II  
Address: 150 W. FLAGLER STREET, PH. 2  
City-St-Zip: MIAMI, FL 33130 US

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: VICENTE J. DE LA VEGA, II

MGRM

04/02/2008

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