

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091727

FILED
Apr 30, 2008
Secretary of State

Entity Name: EPIC OUTDOOR ENTERTAINMENT, LLC

Current Principal Place of Business:

413 OAK PLACE
BLDG. 4, UNIT F
PT. ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

PO BOX 1953
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 26-0899243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, MARTHA T
413 OAK PLACE
BLDG. 4, UNIT F
PT. ORANGE, FL 32127 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: MGR () Delete
Name: SUNFEST GROUP LLC,
Address: 413 OAK PLACE, #4-F
City-St-Zip: PT. ORANGE, FL 32127 US

Title: MGR () Delete
Name: BEACHLIFE GROUP LLC,
Address: 956 HOLLY CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGR () Delete
Name: WAGNER, STRAUN S
Address: 4035 SAXON AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: WAGNER, STRAUN S
Address: 628 S PINE ST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: SUNFEST GROUP LLC

MGR

04/30/2008

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