2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099780

Entity Name: I-SCREAM THE VILLAGES, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1015 E FT. KING ST. OCALA, FL 34471

Current Mailing Address: New Mailing Address:

3101 SW 34TH AVE BOX 905-216 OCALA, FL 34474

FEI Number: 26-1190262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANASTASIA, JOHN R

1015 SE FT. KING ST.

OCALA, FL 34471 US

ANASTASIA, JOHN R

1015 E FT. KING ST.

OCALA, FL 34471 US

OCALA, FL 34471 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: JOHN ANASTASIA 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: P (X) Change () Addition

 Name:
 ANASTASIA, JOHN R
 Name:
 ANASTASIA, JOHN R

 Address:
 1015 SE FT. KING ST.
 Address:
 1015 E FT. KING ST.

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34471

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 ANASTASIA, TINA M

 Address:
 Address:
 1015 E FT. KING ST

 City-St-Zip:
 City-St-Zip:
 OCALA, FL
 34471

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: JOHN ANASTASIA P 04/30/2009