

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90056 029 ***143.75

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03242008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000101585 1. Entity Name REEL 9 STUDIOS, LLC.					
Principal Place of Business 671 ALTAMIRA CIRCLE #206 ALTAMONTE SPRINGS, FL 32701			Mailing Address 671 ALTAMIRA CIRCLE #206 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business - No P.O. Box # 474 Majestic Way <small>Suite, Apt. #, etc.</small>		3. Mailing Address 474 MAJESTIC WAY <small>Suite, Apt. #, etc.</small>			
City & State ALTAMONTE SPRINGS, FL <small>Zip</small> 32714 <small>Country</small> USA		City & State ALTAMONTE SPRINGS, FL <small>Zip</small> 32714 <small>Country</small> USA		4. FEI Number 33-1186028	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MIXON, CALEB L 671 ALTAMIRA CIRCLE #206 ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name MIXON, CALEB L. Street Address (P.O. Box Number is Not Acceptable) 474 MAJESTIC WAY City ALTAMONTE SPRINGS FL <small>Zip Code</small> 32714		
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 4-21-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIXON, CALEB L 671 ALTAMIRA CIRCLE #206 ALTAMONTE SPRINGS, FL 32701 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIXON, CALEB L 474 MAJESTIC WAY ALTAMONTE SPRINGS, FL 32714 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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:			4-21-08 (407)312-9950		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		