

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101962

FILED
Apr 27, 2009
Secretary of State

Entity Name: MADHOUEZ ENTERTAINMENT, LLC.

Current Principal Place of Business:

3910 NW 172 TERR.
MIAMI, FL 33055 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 680162
ORLANDO, FL 32868 US

New Mailing Address:

3910 NW 172 TERR.
MIAMI, FL 33055 US

FEI Number: 26-1193762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, KIMBERLY M
3910 NW 172 TERR
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

SIMON, KEVIN M
3910 NW 172 TERR
MIAMI, FL 33055 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: KEVIN SIMON

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMPSON, ANTHONY L
Address: 14 COLDSTREAM DR
City-St-Zip: FORT BRAGG, NC 28310 US

Title: MGRM () Delete
Name: SIMON, KEVIN M
Address: 3910 NW 172 TERR
City-St-Zip: MIAMI, FL 33055 US

Title: MGRM () Delete
Name: SIMON, KIMBERLY M
Address: P.O. BOX 680162
City-St-Zip: ORLANDO, FL 32868 US

ADDITIONS/CHANGES:

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

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

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

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: KEVIN SIMON

MGRM

04/27/2009

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