

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106060

Entity Name: L8-NIGHT RECORDS LLC

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

240 AVIATION DRIVE N. STE. 203
NAPLES, FL 34104 US

New Principal Place of Business:

222 INDUSTRIAL BLVD
STE 147
NAPLES, FL 34104 US

Current Mailing Address:

240 AVIATION DRIVE N. STE. 203
NAPLES, FL 34104 US

New Mailing Address:

222 INDUSTRIAL BLVD
STE 147
NAPLES, FL 34104 US

FEI Number: 74-3242689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHERTELL, JESSE
240 AVIATION DRIVE N. STE. 203
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

SCHERTELL, JESSE
222 INDUSTRIAL BLVD
STE 147
NAPLES, FL 34104 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: JESSE SCHERTELL

05/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHERTELL, JESSE
Address: 240 AVIATION DRIVE N. STE. 203
City-St-Zip: NAPLES, FL 34104 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHERTELL, JESSE
Address: 222 INDUSTRIAL BLVD, STE 147
City-St-Zip: NAPLES, FL 34104 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: JESSE SCHERTELL

MGRM

05/05/2009

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