

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111168

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** SORELOSERS PRODUCTIONS, LLC

**Current Principal Place of Business:**

1020 WEST PRINCETON ST.  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1020 WEST PRINCETON ST.  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 68-0663030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KACHIN, KEVIN  
1020 WEST PRINCETON ST.  
ORLANDO, FL 32804 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: KACHIN, KEVIN  
Address: 1000 UNIVERSAL STUDIOS PLAZA  
City-St-Zip: ORLANDO, FL 32819

Title: MGR ( ) Delete  
Name: CELENZA, RICHARD T JR.  
Address: 1000 UNIVERSAL STUDIOS PLAZA  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KACHIN, KEVIN  
Address: 1020 WEST PRINCETON STREET  
City-St-Zip: ORLANDO, FL 32804

Title: MGR (X) Change ( ) Addition  
Name: CELENZA, RICHARD T JR.  
Address: 1020 WEST PRINCETON STREET  
City-St-Zip: ORLANDO, FL 32804

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 KACHIN

MGR

04/28/2009

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