2008 LIMITED LIABILITY COMPANY

May 19, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L07000112640** 05-19-2008 90188 028 ***138 75 1. Entity Name DN.DVD, LLC Principal Place of Business Mailing Address 60042173 2200 WEST COMMERCIAL BLVD #208B 2200 WEST COMMERCIAL BLVD #208B FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZIMMERMAN, JORDAN 2200 WEST COMMERCIAL BLVD #208B Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE, FL 33309 City Zip Code ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits has staten the obligations of registered agen SIGNATURE. FILE NOW!!! FEE IS'\$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10, TITLE MGRM TITLE ☐ Change ☐ Addition ZIMMERMAN, JORDÁN NAME NAME STREET ADDRESS 2200 WEST COMMERCIAL BLVD #208B STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33309 CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information pupplied with this filling 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 outrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI

FILED