

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038291

FILED
Jan 07, 2009
Secretary of State

Entity Name: M.A.D PROMOTIONS & LOGISTICS LLC

Current Principal Place of Business:

4139 E. BUSCH BLVD. B.
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

PO BOX 151104
TAMPA, FL 33604

New Mailing Address:

4139 E. BUSCH BLVD. B.
TAMPA, FL 33617

FEI Number: 26-3669616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, LISA C
3315 W PALMETTO ST
TAMPA, FL 33602 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: MGRM () Delete
Name: MOORE, MICHAEL CEO
Address: 8930 METHANY CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: MGRM (X) Delete
Name: EBANKS, PATRICK CO/CEO
Address: 12608 NO 52 ND ST
City-St-Zip: TAMPA, FL 33617

Title: SECT (X) Delete
Name: MOORE, DESIREE M ACCT.
Address: 1103 WILLOW PINE CT
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WRIGHT, ADRIAN CEO
Address: 4139 B EAST BUCH BLVD
City-St-Zip: TAMPA, FL 33617

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: ADRIAN WRIGHT

CEO

01/07/2009

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