

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050578

FILED
Apr 28, 2009
Secretary of State

Entity Name: FINAL ECLIPSE ENTERTAINMENT, LLC

Current Principal Place of Business:

280 NORTH POST WAY
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

280 NORTH POST WAY
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 26-2726205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLASURDO, APRIL MARIE
280 NORTH POST WAY
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

COLASURDO, APRIL M
280 NORTH POST WAY
CASSELBERRY, FL 32707 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: APRIL M. COLASURDO

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLASURDO, APRIL MARIE
Address: 280 NORTH POST WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Delete
Name: COLASURDO, LORI ANNE
Address: 280 NORTH POST WAY
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLASURDO, APRIL M
Address: 280 NORTH POST WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM (X) Change () Addition
Name: COLASURDO, LORI A
Address: 280 NORTH POST WAY
City-St-Zip: CASSELBERRY, FL 32707

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: APRIL M. COLASURDO

MGRM

04/28/2009

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