

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074273

FILED
Jun 21, 2009
Secretary of State

Entity Name: ALL STARZ ENTERTAINMENT L.L.C

Current Principal Place of Business:

1438 BIRCHSTONE AVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

P.O BOX 2913
BRANDON, FL 33509 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

VAZQUEZ, EUGENE
1438 BIRCHSTONE AVE
BRANDON, FL 33511 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, GLENN F
Address: 4409 PORPOISE DR.
City-St-Zip: TAMPA, FL 33617

Title: MGRM () Delete
Name: VAZQUEZ, EUGENE
Address: 1438 BIRCHSTONE AVE
City-St-Zip: BRANDON, FL 33511

Title: MGRM () Delete
Name: LEWIS, WESLEY
Address: 1026 EGRET HAVEN LN
City-St-Zip: RIVERVIEW, FL 33578

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLENN WILLIAMS

MGRM

06/21/2009

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