

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083250

FILED
Mar 25, 2009
Secretary of State

Entity Name: UNIVERSITY OF HUMOR LLC

Current Principal Place of Business:

319 THE HERMIT'S TRAIL
COLLEGE OF COMEDY
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

319 THE HERMIT'S TRAIL
COLLEGE OF COMEDY
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 26-3301057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. LAWRENCE, MICHAEL F
319 THE HERMIT'S TRAIL
COLLEGE OF COMEDY
ALTAMONTE SPRINGS, FL 32701 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: ST. LAWRENCE, MICHAEL F
Address: 319 THE HERMIT'S TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGR (X) Delete
Name: MURRAY, DOROTHY J
Address: 793 FIRST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES:

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: MICHAEL ST. LAWRENCE

MGR

03/25/2009

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