

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089915

FILED
Aug 13, 2009
Secretary of State

Entity Name: OAKRIDGE ENTERTAINMENT LLC

Current Principal Place of Business:

3161 VILLA CAPRI WAY
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

3161 VILLA CAPRI WAY
ORLANDO, FL 32835 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:

RIVAS, HOMERO
3161 VILLA CAPRI WAY
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

PINEIRO, IVAN
3161 VILLA CAPRI WAY
ORLANDO, FL 32835 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: PINEIRO IVAN

08/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIVAS, HOMERO
Address: 3161 VILLA CAPRI WAY
City-St-Zip: ORLANDO, FL 32835

Title: MGRM (X) Delete
Name: PINEIRO, IVAN
Address: 3161 VILLA CAPRI WAY
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PINEIRO, IVAN
Address: 3161 VILLA CAPRI WAY
City-St-Zip: ORLANDO, FL 32835

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: PINEIRO IVAN

MGRM

08/13/2009

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