

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000090811

FILED
Oct 19, 2009
Secretary of State**Entity Name:** PERIPHERAL FILMS, LLC**Current Principal Place of Business:**11930 NORTH BAYSHORE DRIVE 705
NORTH MIAMI, FL 33181**New Principal Place of Business:****Current Mailing Address:**11930 NORTH BAYSHORE DRIVE 705
NORTH MIAMI, FL 33181**New Mailing Address:****FEI Number:** 80-0286414**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**TELLECHEA, MARIA C
11930 NORTH BAYSHORE DRIVE 705
NORTH MIAMI, FL 33181 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: DEC, JUSTIN
Address: 350 85TH STREET SUITE 16
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Delete
Name: TELLECHEA, MARIA C
Address: 11930 NORTH BAYSHORE DRIVE 705
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM (X) Delete
Name: MEHN, MICHELLE
Address: 2700 NE 135TH ST APT 20
City-St-Zip: MIAMI, FL 33181

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: MARIA C. TELLECHEA

MGRM

10/19/2009

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