

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000053791

FILED  
Apr 21, 2011  
Secretary of State

Entity Name: MAT CONCESSIONAIRE, LLC

## Current Principal Place of Business:

3750 NW 87TH AVENUE  
SUITE 225  
DORAL, FL 33178

## New Principal Place of Business:

1040 MACARTHUR CAUSEWAY  
MIAMI, FL 33132

## Current Mailing Address:

3750 NW 87TH AVENUE  
SUITE 225  
DORAL, FL 33178

## New Mailing Address:

1040 MACARTHUR CAUSEWAY  
MIAMI, FL 33132

FEI Number: 27-0804280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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  
Name: AIELLO, JOSEPH  
Address: 1040 MACARTHUR CAUSEWAY  
City-St-Zip: MIAMI, FL 33132

Title: MGR  
Name: GARVEY, JANE  
Address: 1040 MACARTHUR CAUSEWAY  
City-St-Zip: MIAMI, FL 33132

Title: MGR  
Name: NOIRIE, STEPHANE  
Address: 1040 MACARTHUR CAUSEWAY  
City-St-Zip: MIAMI, FL 33132

Title: MGR  
Name: PARADIS, CHARLES  
Address: 1040 MACARTHUR CAUSEWAY  
City-St-Zip: MIAMI, FL 33132

Title: CEO  
Name: DUBOIS, GUILLAUME  
Address: 1040 MACARTHUR CAUSEWAY  
City-St-Zip: MIAMI, FL 33132

Title: CFO  
Name: COUALLIER, CHRISTOPHE  
Address: 1040 MACARTHUR CAUSEWAY  
City-St-Zip: MIAMI, FL 33132

I hereby 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: CHRISTOPHE COUALLIER

CFO

04/21/2011

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