2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# L09000109195

Entity Name: BLACK BOX ENTERTAINMENT, LLC

Current Principal Place of Business:

12220 STONELAKE RANCH BLVD.
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

12220 STONELAKE RANCH BLVD.
THONOTOSASSA, FL 33592

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KILPATRICK, TIMOTHY B
12220 STONELAKE RANCH BLVD.
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

KILPATRICK, TIMOTHY B TIMOTHY
12220 STONELAKE RANCH BLVD.
THONOTOSASSA, FL 33592 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: TIMOTHY KILPATRICK 03/30/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KILPATRICK, TIMOTHY B SR.
Address: 12220 STONELAKE RANCH BLVD.
City-St-Zip: THONOTOSASSA, FL 33592

Title: MGRM
Name: KILPATRICK, TIMOTHY B JR.
Address: 12220 STONELAKE RANCH BLVD.
City-St-Zip: THONOTOSASSA, FL 33592

Title: MGRM
Name: POLLOCK, KENDERICK T TIMOTHY
Address: 12220 STONELAKE RANCH BLVD.
City-St-Zip: THONOTOSASSA, FL 33592

Title: MGRM
Name: MCGEE, DARREN T TIMOTHY
Address: 12220 STONELAKE RANCH BLVD.
City-St-Zip: THONOTOSASSA, FL 33592

Title: MGMR
Name: HARRIS, JAMAL T TIMOTHY
Address: 12220 STONELAKE RANCH BLVD.
City-St-Zip: THONOTOSASSA, FL 33592

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 Statues.

SIGNATURE: TIMOTHY KILPATRICK MGR 03/30/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date