

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000027026

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** MAD SKILLS ENTERTAINMENT, LLC

**Current Principal Place of Business:**

1000 COLOUR PLACE  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 COLOUR PLACE  
APOPKA, FL 32703 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A  
TAMPA, FL 33688 US

**Name and Address of New Registered Agent:**

COWIN, KIMBERLY M  
1000 COLOUR PLACE  
APOPKA, FL 32703 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: KIMBERLY M COWIN

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COWIN, KIMBERLY  
Address: 1000 COLOUR PLACE  
City-St-Zip: APOPKA, FL 32703 US

Title: MGR  
Name: EHRHARD, JOHN P  
Address: 1000 COLOUR PLACE  
City-St-Zip: APOPKA, FL 32703 US

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: KIMBERLY M COWIN

MGRM

04/29/2011

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