

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000090144

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** EVENTGRABBER IP LLC

**Current Principal Place of Business:**

3975 CESARE ST  
ORLANDO, FL 32839 US

**New Principal Place of Business:**

625 E. CENTRAL BLVD.  
ORLANDO, FL 32801 US

**Current Mailing Address:**

3975 CESARE ST  
ORLANDO, FL 32839 US

**New Mailing Address:**

**FEI Number:** 27-4570002      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WALKER, TEKERREN D  
3975 CESARE ST  
ORLANDO, FL 32839 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  
**Name:** WALKER, TEKEREN D  
**Address:** 3975 CESARE ST  
**City-St-Zip:** ORLANDO, FL 32839 US

**Title:** MGRM  
**Name:** BELL, ANTOINE J  
**Address:** 6413 ASTOR VILLAGE AVENUE  
**City-St-Zip:** ORLANDO, FL 32835

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: TEKERREN WALKER

MGRM

03/09/2012

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