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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE ALIBI PRODUCTIONS, LLC.

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C. LEWIS

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CT CORPORATION

COVER LETTER

Division of Corporations	•
	Alibi Productions, LLC
Name	of Limited Liability Company
ar Sir or Madam:	
c enclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing
ease return all correspondence concern	ning this matter to the following:
Name of Person	
Firm/Company	
Address	·
City/State and Zip Code	
LVO@LIONSGATE.C	OM
LVO@LIONSGATE.C	port notification)
r further information concerning this r	natter, please call:
, 1	
Name of Person	at () Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follo	wing amount:

06/29/2012 12:23 8626336092

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes; the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Alibi Productions, LLC Name of the limited liability company: _ 2. (a) Principal office address of limited liability company: 9015 SW 102 COURT MIAMI FL 33176 (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2/28/2011 L11000024959 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: **ELOY, YUNEXY** Registered Office Address: 9015 SW 102 COURT MIAMI FL 33176 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent; CT Corporation System NEW Registered Office Address: 1200 South Pine Island Road <u>(MUST BE FLORIDA STREET ADDRESS)</u> Plantation If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member <u>Jason Prasad, Ma</u>nager Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Kristen Bolden Assistant Secretary

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)

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