

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000102464

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** DOLPHIN WW 1 DISTRIBUTION, LLC

**Current Principal Place of Business:**

804 DOUGLAS ROAD, SUITE 365  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2151 LE JEUNE ROAD  
SUITE 150  
CORAL GABLES, FL 33134

**Current Mailing Address:**

804 DOUGLAS ROAD, SUITE 365  
CORAL GABLES, FL 33134

**New Mailing Address:**

2151 LE JEUNE ROAD  
SUITE 150  
CORAL GABLES, FL 33134

**FEI Number:** 45-3187433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

O'DOWD, WILLIAM  
EXECUTIVE TOWER BUILDING  
804 DOUGLAS ROAD, SUITE 365  
CORAL GABLES, FL 33134 US

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

O'DOWD, WILLIAM  
2151 LE JEUNE ROAD  
SUITE 150  
CORAL GABLES, FL 33134 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:

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DOLPHIN ENTERTAINMENT INC.  
Address: 2151 LE JEUNE ROAD, SUITE 150  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: O'DOWD, WILLIAM  
Address: 2151 LE JEUNE ROAD, SUITE 150  
City-St-Zip: CORAL GABLES, FL 33134

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: WILLIAM O'DOWD

MGR

04/30/2012

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