

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001867

FILED
May 05, 2008
Secretary of State

Entity Name: POWER STUDIOS MIAMI, L.L.C.

Current Principal Place of Business:

3701 NORTHEAST 2ND AVENUE
MIAMI, FL

New Principal Place of Business:

Current Mailing Address:

3701 NORTHEAST 2ND AVENUE
MIAMI, FL

New Mailing Address:

FEI Number: 65-0863752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KAHN, DONALD J
317 71ST STREET
MIAMI BEACH, FL 33141 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POWER, ROSS
Address: 3701 NORTHEAST 2ND AVENUE
City-St-Zip: MIAMI, FL

Title: MGRM () Delete
Name: WALLACK, DAVID
Address: 3701 NORTHEAST 2ND AVENUE
City-St-Zip: MIAMI, FL

Title: MGR () Delete
Name: FRANCIS, GREGG
Address: 3701 NORTHEAST 2ND AVENUE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GREGG FRANCIS

MRG

05/05/2008

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