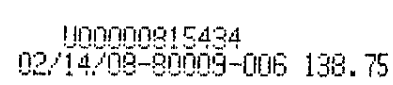
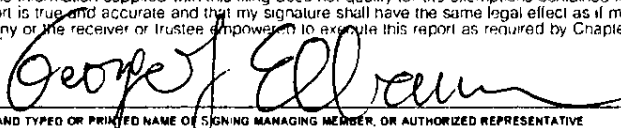


FILED
Feb 04, 2008 08:00 A
Secretary of State

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000004081		
1. Entity Name MP-WA, LLC		
Principal Place of Business 204 E. 17TH STREET, SUITE 202 COSTA MESA, CA 92627		Mailing Address 204 E. 17TH STREET, SUITE 202 COSTA MESA, CA 92627
DO NOT WRITE IN THIS SPACE		
		 01142008 No Chg-LLC CR2E083 (12/07)
		4. FEI Number 86-1142997 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
CFRA, LLC 4221 W. BOY SCOUT BLVD TAMPA, FL 33607		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when consisting) DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM MOVIETOWN PLAZA 2815 VALLEJO STREET SAN FRANCISCO, CA 94123	 U000000815434 02/14/08-80009-006 138.75 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date _____ Daytime Phone # _____