2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # M07000002060

1. Entity Name
BLUE MAN ORLANDO, LLC

Principal Place of Business	Mailing Address
3000 UNIVERSAL STUDIOS PLAZA, BLDG 17 ORLANDO, FL 32819	3000 UNIVERSAL STUDIOS PLAZA, BLDG 17 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

01222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
84-1711635
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHENLER, CHRISTIAN
3000 UNIVERSAL STUDIOS PLAZA, BLDG 17
ORLANDO, FL 32819

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOLDMAN, MATT
STREET ADDRESS	599 BROADWAY 5TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10012
TITLE	MGRM
NAME	STANTON, PHIL
STREET ADDRESS	599 BROADWAY 5TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10012
TITLE	MGRM
NAME	WINK, CHRIS
STREET ADDRESS	599 BROADWAY 5TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000895991
04/24/08-80090-010 138.75

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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: _____ ALEXANDRA WAWRYN 4/7/08 407-224-3649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #