2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2009
Secretary of State

DOCUMENT# M08000000126

Entity Name: VENUE READY, LLC

Current Principal Place of Business:

1015 A STREET
TACOMBA, WA 984022910

New Principal Place of Business:

1015 A STREET
TACOMA, WA 98402

Current Mailing Address:

P O BOX 2910
TACOMA, WA 984022910

New Mailing Address:

1015 A STREET
TACOMA, WA 98402

FEI Number: 26-1483962 **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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: ROGERS, CHARLES L
Address: 1015 A STREET / P O BOX 2910
City-St-Zip: TACOMBA, WA 984022910

Title: MGR ( ) Delete
Name: DEFEBAUGH, JAMES E
Address: 1015 A STREET / P O BOX 2910
City-St-Zip: TACOMBA, WA 984022910

Title: MGR ( ) Delete
Name: GAFFORD, DERREK L
Address: 1015 A STREET / P O BOX 2910
City-St-Zip: TACOMBA, WA 984022910

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROGERS, CHARLES L
Address: 1015 A STREET
City-St-Zip: TACOMA, WA 98402

Title: MGR (X) Change ( ) Addition
Name: DEFEBAUGH, JIM
Address: 1015 A STREET
City-St-Zip: TACOMA, WA 98402

Title: MGR (X) Change ( ) Addition
Name: GAFFORD, DERREK
Address: 1015 A STREET
City-St-Zip: TACOMA, WA 98402

Title: MGR ( ) Change (X) Addition
Name: MONROE, JOANNA
Address: 1015 A STREET
City-St-Zip: TACOMA, WA 98402

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: JANE LOUIS POA 05/16/2009

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