

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003891

Entity Name: DOLPHIN FILMS, LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O DOLPHIN ENTERTAINMENT, INC.  
804 DOUGLAS ROAD, SUITE 365  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DOLPHIN ENTERTAINMENT, INC.  
804 DOUGLAS ROAD, SUITE 365  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)  
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:**

O'DOWD, WILLIAM H IV  
804 DOUGLAS ROAD  
SUITE 365  
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: WILLIAM H O'DOWD IV

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DOLPHIN FILMS MANAGER, LLC  
Address: 804 DOUGLAS ROAD, SUITE 365  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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: WILLIAM H O'DOWD IV

PRES

05/01/2009

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