I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered. 04/30/2013 PRESIDENT

SIGNATURE: MARCUS RUSSELL

Electronic Signature of Signing Authorized Person(s) Detail

Title	P	Title	VP
Name	RUSSELL, MARCUS	Name	RUSSELL, WENDELL
Address	4617 4TH AVENUE SOUTH	Address	4617 4TH AVENUE SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33711	City-State-Zip:	SAINT PETERSBURG FL 33711
Title	S	Title	т
Title Name	S RUSSELL, KIMBERLY	Title Name	T RUSSELL, YVELLE K
	-		T RUSSELL, YVELLE K 4754 CORTEZ WAY SOUTH

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 Authorized Person(s) Detail : -

4617 4TH AVENUE SOUTH SAINT PETERSBURG, FL 33711

Current Principal Place of Business:

Current Mailing Address:

4617 4TH AVENUE SOUTH SAINT PETERSBURG. FL 33711

FEI Number: 54-4648346

Name and Address of Current Registered Agent:

Entity Name: NEW REVELATION PRODUCTION LLC

SWIFT, GRACIE 403 MAPLEWOOD DRIVE OLDSMAR, FL 34677 US Certificate of Status Desired: No

Apr 30, 2013 Secretary of State CC9499490607

Date

FILED

Date