

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000102464

**FILED**  
**Mar 27, 2013**  
**Secretary of State**  
**CC3606997916**

**Entity Name:** DOLPHIN WW 1 DISTRIBUTION, LLC

**Current Principal Place of Business:**

2151 LE JEUNE ROAD  
SUITE 150  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2151 LE JEUNE ROAD  
SUITE 150  
CORAL GABLES, FL 33134

**FEI Number:** 45-3187433

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

O'DOWD, WILLIAM  
2151 LE JEUNE ROAD  
SUITE 150  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DOLPHIN ENTERTAINMENT INC.  
Address 2151 LE JEUNE ROAD, SUITE 150  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name O'DOWD, WILLIAM  
Address 2151 LE JEUNE ROAD, SUITE 150  
City-State-Zip: CORAL GABLES FL 33134

*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.*

**SIGNATURE:** WILLIAM O'DOWD

**MGR**

**03/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date