

No. W 61030		Due no later than Mar 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		SHANE MURPHY 11519 W CREEKRAPIDS DR STAR ID 83669			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		U C ENTERTAINMENT, LLC SHANE MURPHY 11519 W CREEKRAPIDS DR STAR ID 83669					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	SHANE MURPHY	11519 W CREEKRAPIDS DR	STAR	ID	USA	83669	
MANAGER	KILI MURPHY	11519 W CREEKRAPIDS DR	STAR	ID	USA	83669	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 61030		Signature: Shane Murphy			Date: 05/04/2009		
		Name (type or print): Shane Murphy			Title: Manager		
Processed 05/04/2009		* Electronically provided signatures are accepted as original signatures.					