



State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

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Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM1. **LIMITED LIABILITY COMPANY NAME** (Please do not alter if name is preprinted.)

THE HORROR PROJECT LLC

FILED
In the office of the Secretary of State
of the State of California

SEP 03 2010

☒ This Space For Filing Use Only**DUE DATE:****FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

2. SECRETARY OF STATE FILE NUMBER

200528710257

3. STATE OR PLACE OF ORGANIZATION

CA

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

1525 S ESCONDIDO BLVD STE E

ESCONDIDO, CA

92025

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

SAME AS ABOVE

CA

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME

ADDRESS

CITY AND STATE

ZIP CODE

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

STEVE VANDE VEGTE

1525 S ESCONDIDO BLVD STE E

ESCONDIDO CA

92025

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

STEVE VANDE VEGTE

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

1525 S ESCONDIDO BLVD STE E

ESCONDIDO

CA

92025

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

MGMT

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

STEVE VANDE VEGTE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

MANAGER

TITLE

DATE

9/1/10