Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

(See instructions beginning on page 5)

OMB APPROVAL
OMB Number: 3235-0076

Expires: September 30, 2008

Estimated average burden hours per response: 4.00

Item 1. Issuer's Identity	•		
Name of Issuer Previo	us Name(s)	None	Entity Type (Select one)
Showbizzle, LLC			Corporation
Jurisdiction of Incorporation/Organization			Limited Partnership Limited Liability Company
California			General Partnership
	1/11/1/10/10	08062014	Business Trust
Year of Incorporation/Organization (Select one)		080020.4	- Other (Specify)
Over Five Years Ago Within Last Five Years (specify year) 2008	O Yet	to Be Formed	
(If more than one issuer is filling this notice, check this box	—— ☐ and identify a	additional issuer(s) t	by attaching Items 1 and 2 Continuation Page(s).)
Item 2. Principal Place of Business and Conta			
Street Address 1		Street Address 2	
1880 Century Park East		Attn: Gelfand, Re	nnert & Feldman PROCESSI
City State/Prov	ince/Country	ZIP/Postal Code	Phone No.
Los Angeles CA		90067	(310) 553-1707
Item 3. Related Persons			THOMSON REUT
Last Name Fir	st Name		Middle Name
Rosin	arles		S. SEC Mail Processing
Street Address 1		Street Address 2	
1880 Century Park East		Attn: Gelfand, Re	nnert & Feldman
	nce/Country	ZIP/Postal Code	0Ci 0 8 2008
Los Angeles CA		90067	Washington, DC
Relationship(s): X Executive Officer Director	Promoter		111
Clarification of Response (if Necessary)			
(Identify addition	al related person:	s by checking this be	ox 🔀 and attaching Item 3 Continuation Page(s).)
Item 4. Industry Group (Select one)			
Agriculture	Business	Services	Construction
Banking and Financial Services	Energy	ula I itilitiaa	REITS & Finance
Commercial Banking	~ ~	ric Utilities gy Conservation	Residential
Insurance Investing	~	Mining	Other Real Estate
Investment Banking	_	onmental Services	O Retailing
Pooled Investment Fund	OII &	Gas	Restaurants Tachnology
If selecting this industry group, also select one fund	Othe	er Energy	Technology Computers
type below and answer the question below:	Health C	are	Telecommunications
Hedge Fund		echnology	Other Technology
Private Equity Fund Venture Capital Fund		th Insurance pitals & Physcians	Travel
Other Investment Fund		maceuticals	Airlines & Airports
Is the issuer registered as an investment	<u> </u>	er Health Care	Lodging & Conventions
company under the Investment Company	→ Manufac		Tourism & Travel Services
14.101 (3.101)	Real Esta		Other Travel
Other Banking & Financial Services	_		Other

U.S. Securities and Exchange Commission

Washington, DC 20549

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	0.0	Aggregate specifying item 4 abo	_	inge (for issuer investment" fund in
O No Revenues	OR	0	No Aggregate Net As	sset Value
\$1 - \$1,000,000		-	1 - \$5,000,000	
\$1,000,001 - \$5,000,000		_	55,000,001 - \$25,000	
\$5,000,001 - \$25,000,000		0	\$25,000,001 - \$50,00	0,000
\$25,000,001 - \$100,000,000		0	\$50,000,001 - \$100,0	00,000
Over \$100,000,000		0	Over \$100,000,000	
O Decline to Disclose		0	Decline to Disclose	
Not Applicable		0	Not Applicable	
em 6. Federal Exemptions and Exclusions Cla	imed (Se	lect all tha	t apply)	
	vestment Com	ipany Act Sec	tlon 3(c)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)		Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2)		Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3)		Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(c)(4)		Section 3(c)(12)
Rule 505	Section 3	c)(5)		Section 3(c)(13)
☐ Rule 506	Section 3	(c)(6)		Section 3(c)(14)
Securities Act Section 4(6)	Section 3	(c)(7)		
em 7. Type of Filing		<u></u>		<u> </u>
New Notice OR Amendmen	nt			
ate of First Sale in this Offering: 9/23/2008	or 🗆	First Sale	et to Occur	
em 8. Duration of Offering		····		
	n one year?	□ <i>\</i>	es 🔀 No	
Does the Issuer intend this offering to last more that				
	all that ap			
tem 9. Type(s) of Securities Offered (Select			nt Fund Interests	
tem 9. Type(s) of Securities Offered (Select	Poole	d Investme	on Securities	
tem 9. Type(s) of Securities Offered (Select Equity Debt	Poole	d Investme	on Securities	
tem 9. Type(s) of Securities Offered (Select Equity Debt Option, Warrant or Other Right to Acquire Another Security	Poole Tenal	d Investme	on Securities	
tem 9. Type(s) of Securities Offered (Select Equity Debt Option, Warrant or Other Right to Acquire	Poole Tenal	d Investment-in-Comm	on Securities	
tem 9. Type(s) of Securities Offered (Select Equity Debt Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Item 10. Business Combination Transaction	Poole Tenal Mine Other	d Investment-in-Comm ral Property (Describe)	on Securities	
Equity Debt Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option,	Poole Tenal Mine Other	d Investment-in-Comm ral Property (Describe)	on Securities	

U.S. Securities and Exchange Commission Washington, DC 20549

em 11. Minimum Investment Minimum investment accepted from ar	ny outside investor	25,000		
em 12. Sales Compensation				
ecipient		Recipient CRD Number		
/A				☐ No CRD Number
ssociated) Broker or Dealer	None	(Associated) Broker or Dea	ler CRD Nu	mber
				No CRD Number
treet Address 1		Street Address 2		
lity	State/Provin	ce/Country ZIP/Postal Cod	le	
AL AR AZ AR AR IL IN IA KS NE NV NH RI SC SD TN (Identify additional pers		ME MD MA NY NG NO VT VA WA sation by checking this box	□ MI □OH3 □ W	MN MS MO
ice.	\$ 400,000			
(a) Total Offering Amount	400,000		OR	Indefinite
(b) Total Amount Sold	\$ 25,000		<u> </u>	
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary)	\$ 375,000		OR	Indefinite
Item 14. Investors				
Check this box if securities in the o number of such non-accredited invest	ffering have been or may tors who already have inv	be sold to persons who do not ested in the offering:	qualify as a	ccredited investors, and enter th
Enter the total number of investors w	ho already have invested	in the offering:		
Item 15. Sales Commissions	and Finders' Fees	Expenses		
Provide separately the amounts of sal check the box next to the amount.	es commissions and finde	ers' fees expenses, if any. If an a	amount is r	not known, provide an estimate a
		Sales Commissions \$ 0		Estimate
Clarification of Response (if Necessary)		Finders' Fees \$ 0		Estimate

number.

U.S. Securities and Exchange Commission

Washington, DC 20549

ride the amount of the gross proceeds of the offering that has been o if for payments to any of the persons required to be named as ctors or promoters in response to Item 3 above. If the amount is unlimate and check the box next to the amount.	executive officers,
Clarification of Response (If Necessary)	
gnature and Submission	
	e Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each	
Notifying the SEC and/or each State in which this r	notice is filed of the offering of securities described and
Notifying the SEC and/or each state in which this was a furnish them, upon written request, in accord	dance with applicable law, the information furnished to offerees.
browership appointing each of the Secretary of the	e SEC and the Securities Administrator or other legally designated officer of
the State in which the issuer maintains its principal place of	business and any State in which this notice is filed, as its agents for service of
process and agreeing that these persons may accept service	e on its behalf, of any notice, process or pleading, and further agreeing that
such service may be made by registered or certified mail, in	any Federal or state action, administrative proceeding, or arbitration brought
against the issuer in any place subject to the jurisdiction of t	the United States, If the action, proceeding or arbitration (a) arises out of any
activity in connection with the offering of securities that is the	he subject of this notice, and (b) is founded, directly or indirectly, upon the
provisions of: (i) the Securities Act of 1933, the Securities Exc	change Act of 1934, the Trust Indenture Act of 1939, the Investment
Company Act of 1940, or the Investment Advisers Act of 194	40, or any rule or regulation under any of these statutes; or (ii) the laws of the
State in which the Issuer maintains its principal place of bus	ilness or any State in which this notice is filed.
Certifying that, if the issuer is claiming a Rule 505	exemption, the issuer is not disqualified from relying on <u>Rule 505 for one of</u>
the reasons stated in Rule 505(b)(2)(iii).	
* This undertaking does not affect any limits Section 102(a) of the	National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290,
110 Cent 2416 (Oct 11 1006)) Imposes on the ability of States to re	equire information. As a result, if the securities that are the subject of this Form D are
110 Stat. 3416 (Oct. 11, 1996)] Imposes on the ability of States to re	equire information. As a result, if the securities that are the subject of this Form D are es or due to the nature of the offering that is the subject of this Form D, States cannot erwise and can require offering materials only to the extent NSMIA permits them to do
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to re "covered securities" for purposes of NSMIA, whether in all instance routinely require offering materials under this undertaking or othe so under NSMIA's preservation of their anti-fraud authority.	equire information. As a result, if the securities that are the subject of this Form D are es or due to the nature of the offering that is the subject of this Form D, States cannot erwise and can require offering materials only to the extent N5MIA permits them to do
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Washington, DC 20549

Item 3 Continuation Page

ast Name	First Name		Middle Name
osin	Lindsey		В.
reet Address 1		Street Address 2	
380 Century Park East		Attn: Gelfand, Rennert	& Feldman
ty	State/Province/Country	ZIP/Postal Code	
os Angeles	CA	90067	
elationship(s): X Executive Officer	Director Promotei		
, , , , , , , , , , , , , , , , , , , ,			
larification of Response (if Necessary)			
			Middle Name
ast Name	First Name		Middle Name
treet Address 1		Street Address 2	<u></u>
ity	State/Province/Country	ZiP/Postal Code	
telationship(s):	Director Promote	<u> </u>	
Rightonishib(s). The entire chiefer		•	
Clarification of Response (If Necessary)			
Clarification of Response (If Necessary)			
	First Name		Middle Name
	First Name		Middle Name
Last Name	First Name	Street Address 2	Middle Name
Clarification of Response (If Necessary) Last Name Street Address 1	First Name	Street Address 2	Middle Name
Last Name Street Address 1			Middle Name
Last Name Street Address 1	First Name State/Province/Country	Street Address 2 ZIP/Postal Code	Middle Name
Last Name Street Address 1			Middle Name
Last Name Street Address 1 City	State/Province/Country	ZIP/Postal Code	Middle Name
Last Name Street Address 1 City Relationship(s): Executive Office	State/Province/Country	ZIP/Postal Code	Middle Name
Last Name Street Address 1 City Relationship(s): Executive Office	State/Province/Country	ZIP/Postal Code	Middle Name
Last Name Street Address 1 City Relationship(s): Executive Office Clarification of Response (if Necessary)	State/Province/Country r Director Promot	ZIP/Postal Code	
Last Name Street Address 1 City Relationship(s): Executive Office Ciarification of Response (if Necessary)	State/Province/Country	ZIP/Postal Code	
Last Name City Relationship(s): Executive Office Ciarification of Response (if Necessary) Last Name	State/Province/Country r Director Promot	ZIP/Postal Code	
Last Name Street Address 1 City Relationship(s): Executive Office	State/Province/Country r Director Promot	ZIP/Postal Code	
Last Name Street Address 1 City Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name Street Address 1	State/Province/Country r Director Promot First Name	ZIP/Postal Code er Street Address 2	
Last Name Street Address 1 City Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name	State/Province/Country r Director Promot	ZIP/Postal Code er Street Address 2	
Last Name Street Address 1 City Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name Street Address 1	State/Province/Country r Director Promot First Name	ZIP/Postal Code er Street Address 2	
Last Name Street Address 1 City Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name Street Address 1	State/Province/Country r Director Promot First Name State/Province/Country	ZIP/Postal Code er Street Address 2 ZIP/Postal Code	

