

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000649

FILED  
Apr 15, 2004  
Secretary of State

**Entity Name:** SILLY GROOVE ENTERTAINMENT, LLC

**Current Principal Place of Business:**

201 S. BISCAYNE BLVD.  
SUITE 1700  
MIAMI, FL 33131

**New Principal Place of Business:**

10102 HIDDEN PLACE  
MIAMI, FL 33156 US

**Current Mailing Address:**

201 S. BISCAYNE BLVD.  
SUITE 1700  
MIAMI, FL 33131

**New Mailing Address:**

10102 HIDDEN PLACE  
MIAMI, FL 33156 US

FEI Number: 65-1078397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MIAMI CENTER REGISTERED AGENTS, INC.  
201 S. BISCAYNE BLVD.  
SUITE 1700  
MIAMI, FL 33131 US

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

SCHLESINGER, MICHAEL J  
10102 HIDDEN PLACE  
MIAMI, FL 33156 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: MICHAEL J. SCHLESINGER

04/15/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SILLY GROOVE HOLDING, S, LLC  
Address: 201 S BISCAYNE BLVD, #1700  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SILLY GROOVE HOLDING, S, LLC  
Address: 10102 HIDDEN PLACE  
City-St-Zip: MIAMI, FL 33156 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MICHAEL J. SCHLESINGER

MGRM

04/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date