

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 13, 2005 8:00 am**  
**Secretary of State**

09-13-2005 90025 043 \*\*\*\*50.00

**DOCUMENT # L03000017080**

1. Entity Name  
**GODSCHILD ENTERTAINMENT, LLC**



Principal Place of Business  
**2984 ALATKA COURT**  
**LONGWOOD, FL 32779 US**

Mailing Address  
**2984 ALATKA COURT**  
**LONGWOOD, FL 32779 US**

**DO NOT WRITE IN THIS SPACE**



09062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>16-1665539</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JERKINS, RODNEY**  
**2984 ALATKA COURT**  
**LONGWOOD, FL 32779**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JERKINS, RODNEY
STREET ADDRESS	2984 ALATKA COURT
CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	MGRM
NAME	WILSON, JOE
STREET ADDRESS	662 S. 18TH ST.,
CITY - ST - ZIP	NEWARK, NJ 07103
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Rodney Jerkins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*9/7/05*  
 Date

Daytime Phone # \_\_\_\_\_