2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2004
Secretary of State

DOCUMENT# L03000039977

Entity Name: WILDCARD ENTERTAINMENT, LLC

Current Principal Place of Business:

1708 S. GADSDEN ST. APT. 2
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1708 S. GADSDEN ST. APT. 2
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 00-4576001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NICKERSON, CROMARTIE
1708 S. GADSDEN ST. APT. 2
TALLAHASSE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: JORDAN, KHALIL
Address: 400 PUTNAM DR. APT. 921
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete
Name: WILLIAMS, QAADIR
Address: 400 PUTNAM DR. APT. 723
City-St-Zip: TALLAHASSEE, FL 32307

Title: MGRM ( ) Delete
Name: NICKERSON, CROMARTIE
Address: 1708 S. GADSDEN ST. APT. 2
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CROMARTIE NICKERSON MGRM 05/02/2004

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