
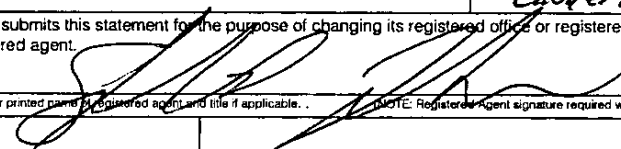
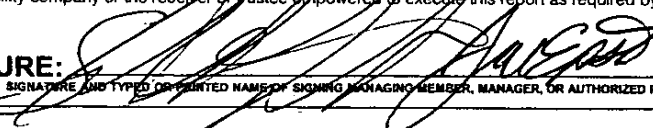


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90200 002 ****55.00

DOCUMENT # L03000042840			
1. Entity Name VEGAS SPORTS ENTERTAINMENT, LLC			
Principal Place of Business 296 OCEAN BLVD GOLDEN BEACH, FL 33160 US		Mailing Address 296 OCEAN BLVD GOLDEN BEACH, FL 33160 US	
2. Principal Place of Business 5900 NW 44th St.		3. Mailing Address 1100 N. Dearborn	
Suite, Apt. #, etc. APT 811		Suite, Apt. #, etc. APT 1511	
City & State Lauderhill, FL		City & State Chicago, IL	
Zip 33319		Zip 60610	
Country USA		Country USA	
4. FEI Number 20-0383601		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		02282006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent LEKACH, DAVID 296 OCEAN BLVD GOLDEN BEACH, FL 33160		7. Name and Address of New Registered Agent Name: Sultan Zikria Street Address (P.O. Box Number is Not Acceptable): 5900 NW 44th St, Apt 811 City: Lauderdahl, FL Zip Code: 33319	
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: 		DATE: 3/1/2006	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: INDISH MEDIA GROUP, INC. STREET ADDRESS: 296 OCEAN BLVD CITY-ST-ZIP: GOLDEN BEACH, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE: Managing Member - MGRM NAME: Sultan Zikria STREET ADDRESS: 5900 NW 44th St, Apt 811 CITY-ST-ZIP: Lauderdahl, FL 33319	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: MGRM NAME: NATLUS FINANCIAL GROUP, INC. STREET ADDRESS: 8622 CROSS CHASE POINT CITY-ST-ZIP: FAIRFAX STATION, VA 22039	<input checked="" type="checkbox"/> Delete	TITLE: Managing Member - MGRM NAME: Jonathan Epstein STREET ADDRESS: 1100 N. Dearborn, Apt 1511 CITY-ST-ZIP: Chicago, IL 60610	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DATE: 3/1/2006 317-595-6318	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	