


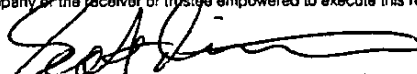
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-03-2006 90083 001 *****50.00
L05000012839

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000012839 1. Entity Name ENTERTAINMENT ASSISTANT LLC			
Principal Place of Business 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460		Mailing Address 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 010 DIAMENT 3475 NORTH OCEAN BOULEVARD Suite, Apt. #, etc. PH6	
City & State City PAUM BEACH, FLORIDA		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33480	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAXMAN, JOHN T ESQ. 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE MEM NAME STREET ADDRESS MARK REMSCW CITY - ST - ZIP 3555 S. OCEAN BLVD #4170 S. Palm Beach, FL 33480-5766	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE MEM NAME STREET ADDRESS SCOTT DIAMENT CITY - ST - ZIP 3475 S. OCEAN BLVD. PH6 PO, FL 33480	<input 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
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 606, Florida Statutes.			
SIGNATURE: 		Date 11/31/06 Daytime Phone # 561-670-3026	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			



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REINSTATEMENT 06

10-26-06
[Signature]