

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000042449	
1. Entity Name KWM ENTERTAINMENT, LLC	

Principal Place of Business 6224 14TH STREET W. BRADENTON, FL 34207	Mailing Address 6224 14TH STREET W. BRADENTON, FL 34207
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DO NOT WRITE IN THIS SPACE



04232008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2783105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

STEARNS WEAVER MILLER WESSLER ALHADEFF & SITTERSON, P.A. 150 WEST FLAGLER STREET, S TE 2200 C/O CARLOS CANINO MIAMI, FL 33130

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, CECIL 2673 MONANCY FORD RD FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, KEVIN 9327 HILLSBOROUGH DR FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONWAY, TIM 901 MEADOW GREEN DR MT AIRY, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, ANN 2673 MONOCACY FORD RD FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000923714  
05/21/08-80079-019-138.75

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:**  **4/23/08** **941-755-5505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #