

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010289

FILED
Jan 11, 2009
Secretary of State

Entity Name: SWING TYME ENTERTAINMENT, LLC

Current Principal Place of Business:

700 16TH AVE SOUTH
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 35036
ST. PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: 26-3945062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, CARRIE
7517 JOHN F. KENNEDY DRIVE EAST
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

COURTS, WALTER
3625 6TH STREET SOUTH
ST. PETERSBURG, FL 33705 US

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: WALTER COURTS

01/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOSTER, RONDA
Address: P.O. BOX 35036
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: FOSTER, DE'MON R
Address: 700 16TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM () Change (X) Addition
Name: DULANEY, TERRY L
Address: 120 N HILLTOP DRIVE
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RONDA FOSTER

MGRM

01/11/2009

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