

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90026 042 ****50.00

DOCUMENT # L05000077284					
1. Entity Name SHOWCAT ENTERTAINMENT, LLC					
Principal Place of Business 36 NE 1ST STREET SUITE 252 MIAMI, FL 33132			Mailing Address 36 NE 1ST STREET SUITE 252 MIAMI, FL 33132		
2. Principal Place of Business 36 NE 1ST Suite, Apt. #, etc. STE 252		3. Mailing Address 36 NE 1ST Suite, Apt. #, etc. STE 252			
City & State MIAMI FL		City & State MIAMI FL		FEI Number 20-3290326	
Zip 33132		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOCHAT, BARRY 36 NE 1ST STREET SUITE 252 MIAMI, FL 33132				7. Name and Address of New Registered Agent Name: BARRY SHOCHAT Street Address (P.O. Box Number is Not Acceptable): 36 NE 1ST ST Suite 252 City: MIAMI FL Zip Code: 33132	
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	MGRM SHOCHAT, BARRY 36 NE 1ST STREET SUITE 252 MIAMI, FL 33132	<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: 1/20/06 3053735599	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					