

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008342

**Entity Name:** KARAOKE KING, L.L.C.**Current Principal Place of Business:**999 DOUGLAS AVENUE, SUITE 3324  
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**999 DOUGLAS AVENUE  
SUITE 3324  
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 26-0090860**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALFI, DOMINICK J  
999 DOUGLAS AVENUE  
SUITE 3324  
ALTAMONTE SPRINGS, FL 32714 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	RUSCELLA, J.J.
Address	227 MILLER STREET
City-State-Zip:	WINCHESTER VA 22601

Title	PD
Name	DICERBO, ROBERT
Address	800 GOLFVIEW STREET
City-State-Zip:	ORLANDO FL 32804

Title	D
Name	HIGGINS, JOHN
Address	1717 DELANEY AVENUE
City-State-Zip:	ORLANDO FL 32806

Title	D
Name	RUSCELLA, J.J.
Address	227 MILLER STREET
City-State-Zip:	WINCHESTER VA 22601

Title	D
Name	SALFI, DOMINICK
Address	999 DOUGLAS AVENUE, SUITE 3324
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	COPRODUCER
Name	MITCHELL , EDDIE J
Address	12212 PICKET FENCE CT
City-State-Zip:	ORLANDO FL 32828

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOMINICK SALFI**TITLE** D**04/27/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date