

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088066

Entity Name: KURT-VICTER L.L.C.

Current Principal Place of Business:

1583 E SILVER STAR RD
PENTHOUSE STUDIO 197
ORLANDO, FL 34761

Current Mailing Address:

PO BOX 73
HOLLYWOOD HILLS, CA 90078-0073 US

FEI Number: 38-3858747

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATKINS, CURTIS TRES
1583 E SILVER STAR RD
PENTHOUSE STUDIO 197
ORLANDO, FL 34761 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 MC
Name KURT-VICTER \$TARCHITECT HOLDING\$
Address PO BOX 73
City-State-Zip: HOLLYWOOD HILLS CA 90078-0073

Title ENT
Name EMERALD MERKABA WEAVE
Address 1583 E SILVER STAR RD PH STUDIO 197
City-State-Zip: ORLANDO FL 34761

Title ENT
Name \$SOLAR POWERED DODECAHEDRON
Address 1583 E SILVER STAR RD PH STUDIO 197
City-State-Zip: ORLANDO FL 34761

Title ENT
Name LILIAN THOMA\$ LICEN\$E PARTNER\$
Address PO BOX 73
City-State-Zip: HOLLYWOOD HILLS CA 90078-0073

Title ENT
Name FORTUNE EFFECT ENTERPRI\$E\$ FOUNDATION
Address 1583 E SILVER STAR RD PH STUDIO 197
City-State-Zip: ORLANDO FL 34761

Title ENT
Name POCKET CANDY POCKET BILLION\$
Address 1583 E SILVER STAR RD PH STUDIO 197
City-State-Zip: ORLANDO FL 34761

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CURTIS ATKINS

**CHIEF EXECUTANT
OFFICER**

04/20/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date