


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90062 006 ****50.00

DOCUMENT # L00000011501	
1. Entity Name RANSOM ENTERTAINMENT GROUP LLC	

N/C

Principal Place of Business 120 BRIDGVIEW CT LONGWOOD FL 32779	Mailing Address 120 BRIDGVIEW CT LONGWOOD FL 32779
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2. Principal Place of Business 2561 Dinneen Ave	3. Mailing Address 2561 Dinneen Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



MOORE CR2E083 (4/04)

City & State Orlando, FL	City & State Orlando, FL
Zip 32804	Zip 32804
Country US	Country US

4. FEI Number 26-3896777	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ANTHONY, SIMS 120 BRIDGVIEW CT LONGWOOD FL 32779	
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7. Name and Address of New Registered Agent	
Name Anthony Sims	
Street Address (P.O. Box Number is Not Acceptable) 120 Bridgeview Ct.	
City Longwood	Zip Code FL 32779

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  Signature, typed or printed name of registered agent and title if applicable.	DATE 8/20/04 DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SIMS, ANTHONY J 120 BRIDGVIEW CT LONGWOOD FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	8/20/04 407-832-7357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #