2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 13, 2004 8:00 am DOCUMENT # L00000015712 Secretary of State 1. Entity Name 05-13-2004 90324 015 ****50.00 BIG BIG BOY ENTERTAINMENT, LLC Principal Place of Business Mailing Address 1939 BROADLEAF COURT 1939 BROADLEAF COURT WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 59-3686378 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SICOLI, FRANK I Street Address (P.O. Box Number is Not Acceptable) 1939 BROADLEAF COURT WINDERMERE FL 34786 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition NAME SICOLI, FRANK I NAME STREET ADDRESS STREET ADDRESS 1939 BROADLEAF COURT WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change __ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phorie #

SIGNATURE:

FILED