2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016242

Entity Name: PRUPH ENTERTAINMENT, L.L.C.

1701 ALBEMARLE RD APT. F4

BROOKLYN, NY 11226

Address:

City-St-Zip:

FILED Jul 17, 2005 Secretary of State

07/17/2005

O 4 D	vincinal Place of Business	New Principal Place	of Dunimana	
Current P	rincipal Place of Business:	New Principal Place	of Business:	
7105 CUM TAMPA, F	BERLAND PLACE L 33617			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
7105 CUM TAMPA, F	BERLAND PLACE L 33617			
In accordan	: 59-3690975 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability I Address of Current Registered Agent:		Certificate of Status Desired () e. of New Registered Agent:	
5211 NOR TAMPA, F The above	IES, MR. LORENZO A TH 39TH STREET L 33610 US named entity submits this statement for the of Florida.	e purpose of changing its registere	ed office or registered agent, or both	
SIGNATU				
01011/1101	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete RODRIGUES, LORENZO 5211 NORTH 39TH STREET TAMPA, FL 33610	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete RODRIGUES, CHRISTOPHER 7105 CUMBERLAND PLACE TAMPA, FL 33617	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete PHIPPS, OMAR 1701 ALBEMARLE RD., ATP. F4 BROOKLYN, NY 11226	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER RODRIGUES MGRM