

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007195

FILED
Aug 20, 2007
Secretary of State

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

Current Principal Place of Business:

7635 ASHLEY PARK CT
503A
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7635 ASHLEY PARK CT
503A
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3718577 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMALLEY, WAYNE
1517 E. HILLCREST STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

PHILIP S. KAPROW, P.A.
798 EXECUTIVE DRIVE
SUITE B
OVIEDO, FL 32765 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: PHILIP S. KAPROW, PRESIDENT

08/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRITZ, KANE T
Address: 8474 ISLAND PALM CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: MGR () Delete
Name: FRITZ, MEGHAN M
Address: 8474 ISLAND PALM CIRCLE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: MEGHAN M. FRITZ

MGR

08/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date