


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90238 015 \*\*\*\*50.00

DOCUMENT # L01000007900	
Entity Name ROCKNICK ENTERTAINMENT HOLDINGS LLC	

Principal Place of Business 310 GOVERNMENT ST STE C2 PENSACOLA, FL 32501	Mailing Address PO BOX 19077 PENSACOLA, FL 32523
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24076643



2. Principal Place of Business 8317 Lynne Dr Suite, Apt. #, etc.	3. Mailing Address P.O. Box 19077 Suite, Apt. #, etc.
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05132004 Chg-LLC CR2E083 (10/03)

City & State Pensacola, FL	City & State Pensacola, FL	4. FEI Number 59-3724385	Applied For Not Applicable
Zip 32514	Country Ercambia	Zip 32523	Country Ercambia

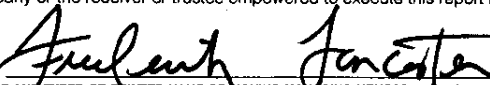
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HENDERSON, TERRANCE 101 NORTH G STREET PENSACOLA, FL 32501	7. Name and Address of New Registered Agent Name Michael Davis Street Address (P.O. Box Number is Not Acceptable) 1210 North Y Street City Pensacola FL Zip Code 32505
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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: Michael Anthony Davis Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE May 1 2004
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Filing Fee is \$50.00 Due by September 8, 2004 ROCKNICK ENTERTAINMENT HOLDINGS	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANCASTER, FREDERICK K 94 LAUREL RD BREWTON, AL 36426 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 05/01/04 251-867-6650 Daytime Phone #