
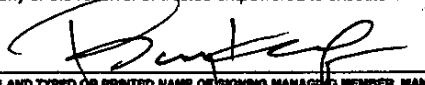


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90035 034 ****50.00

DOCUMENT # L01000008504 1. Entity Name 21ST CENTURY FILM COMPANY, LLC																																																																																																																																			
Principal Place of Business 100 NORTHEAST 39TH STREET MIAMI, FL 33137			Mailing Address 100 NORTHEAST 39TH STREET MIAMI, FL 33137																																																																																																																																
2. Principal Place of Business		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State		02102005 Chg-LLC CR2E083 (10/03)																																																																																																																															
Zip		Country		4. FEI Number 04-3685359																																																																																																																															
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																															
KRAMS, STEVEN 100 NORTHEAST 39TH STREET MIAMI, FL 33137				Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																															
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2005			Payable to of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10.</th> </tr> </thead> <tbody> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">D KRAMS, STEVEN</td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width:15%;">TITLE</td> <td style="width:45%;">Steven Krams P</td> <td style="width:15%; text-align: right;">Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KRAMS, STEVEN</td> <td></td> <td>NAME</td> <td>100 NE 39th Street</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 NE 39 STREET</td> <td></td> <td>STREET ADDRESS</td> <td>Miami, fla</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33137</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Barney Kaufman</td> <td style="text-align: right;">Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>100 NE 39th Street</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>Miami, fla VP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Mark Clement VP</td> <td style="text-align: right;">Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>100 NE 39th Street</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>Miami, Fla</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Oswaldo vacca Sec</td> <td style="text-align: right;">Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>100 NE 39th street</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>Miami, fla.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10.			TITLE	D KRAMS, STEVEN	<input type="checkbox"/> Delete	TITLE	Steven Krams P	Change <input type="checkbox"/> Addition	NAME	KRAMS, STEVEN		NAME	100 NE 39th Street		STREET ADDRESS	100 NE 39 STREET		STREET ADDRESS	Miami, fla		CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	Barney Kaufman	Change <input checked="" type="checkbox"/> Addition	NAME			NAME	100 NE 39th Street		STREET ADDRESS			STREET ADDRESS	Miami, fla VP		CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	Mark Clement VP	Change <input checked="" type="checkbox"/> Addition	NAME			NAME	100 NE 39th Street		STREET ADDRESS			STREET ADDRESS	Miami, Fla		CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	Oswaldo vacca Sec	Change <input checked="" type="checkbox"/> Addition	NAME			NAME	100 NE 39th street		STREET ADDRESS			STREET ADDRESS	Miami, fla.		CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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:  UP. 3-3-05 305-573-7379																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																																																																																			