
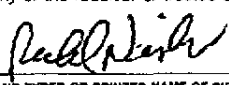


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000009164		
1. Entity Name HEDONISM ENTERTAINMENT LLC		
Principal Place of Business 2015 SW 2ND STREET POMPANO BEACH, FL 33069	Mailing Address 2015 SW 2ND STREET POMPANO BEACH, FL 33069	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NICOLO, RICHARD 2015 SW 2ND STREET POMPANO BEACH, FL 33069		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICOLO, RICHARD 2015 SW 2ND STREET POMPANO BEACH, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICOLO, AMY 2015 SW 2ND STREET POMPANO BEACH, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE		4/5/06 954-610-4035 Date Daytime Phone #



04042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1114463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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05/03/06-80093-021 50.00

**DO NOT WRITE
IN THIS SPACE**