



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000009164</b> 1. Entity Name HEDONISM ENTERTAINMENT LLC	
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Principal Place of Business 2015 SW 2ND STREET POMPANO BEACH, FL 33069	Mailing Address 2015 SW 2ND STREET POMPANO BEACH, FL 33069
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC      CR2E083 (11/05)

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000700419  
04/20/07-80016-013 50.00

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** Richard Nicolo Richard Nicolo 1/8/7 954-610-4035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #