

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 JUL -9 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06302004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L01000013942</b> 1. Entity Name <b>MARKETBEASTS.COM LLC</b>			
Principal Place of Business <b>1719 HUGHEY STREET KISSIMMEE, FL 34741 US</b>		Mailing Address <b>1719 HUGHEY STREET KISSIMMEE, FL 34741 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>147 WASHINGTON ST</b> Suite, Apt. #, etc.	
City & State 		City & State <b>ASTORIA, OR</b>	
Zip 	Country 	Zip <b>97103</b>	Country 
4. FEI Number <b>01-0582300</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PIEL, K. SCOTT 1719 HUGHEY STREET KISSIMMEE, FL 34741</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PIEL, KENNETH S 1719 HUGHEY STREET KISSIMMEE, FL 34741</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JEFFREY L. HARRISON 147 WASHINGTON ST ASTORIA, OR 97103</b> <input type="checkbox"/> Change <input checked="" 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	<b>400039536154</b> <b>07/26/04--01069--006</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>**\$5.00</b>
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.			
<b>SIGNATURE:</b> <u><i>K. Scott Piel</i></u> <b>June 17, 2004</b> <b>407-436-4212</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			