


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90219 022 \*\*\*\*50.00

<b>DOCUMENT # L01000015879</b> 1. Entity Name EVENT-PASS.COM, L.L.C.	
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Principal Place of Business 2 ADALIA AVE 403 TAMPA, FL 33606 US	Mailing Address P.O. BOX 802 TAMPA, FL 33601 US
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**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3742603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SARCONI, SAM M  
2 ADALIA AVE  
SUITE 403  
TAMPA, FL 33606

**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: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARCONI, SAM M P.O. BOX 802 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGRM</del> <del>TAMPA, FL 33601</del> <del>P.O. BOX 802</del> <del>TAMPA, FL 33601</del>
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	

**DO NOT WRITE  
IN THIS SPACE**

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:  4/3/2004 813-280628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #