

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000017882

1. Entity Name
GOTCHA! CREATIVE MEDIA, LLC



**FILED
Apr 29, 2005 8:00 am
Secretary of State**

04-29-2005 90033 017 ****50.00

Principal Place of Business
3529 EDGEWATER DRIVE
ORLANDO, FL 32804

Mailing Address

3529 EDGEWATER DRIVE
ORLANDO, FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3756142

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICK, CARMEN P
3529 EDGEWATER DRIVE
ORLANDO, FL 32804

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME DICK, CARMEN P
STREET ADDRESS 3529 EDGEWATER DRIVE.
CITY-ST-ZIP ORLANDO, FL 32804

TITLE MGRM Charge Addition
NAME DICK, CARMEN P
STREET ADDRESS 3529 Edgewater Drive
CITY-ST-ZIP Orlando FL 32804

TITLE MGRM Delete
NAME HEINKEL, ELIZABETH
STREET ADDRESS 146 STONE HILL DRIVE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Carmen Dick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/05 407.947-
Date Daytime Phone # 7718