2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90071 001 ****50.00

MOORE CR2E083 (11/03)

DOCUMENT # L01000022567

1. Entity Name
NYPD HOLDINGS, LLC

Principal Place of Business	Mailing Address
7380 SAND LAKE ROAD SUITE350 ORLANDO FL 32819	7931 BRIDGESTONE DR. ORLANDO FL 32835

2. Principal Place of Business	3. Mailing Address
1701 Park Center Dr.	
Suite, Apt. #, etc.: Suite 350	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State
Zip: 32835 / Country: Orlando	Zip / Country

4. FEI Number: 32-0060957 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUSSO, PAUL 7380 SAND LAKE RD., SUITE 350 ORLANDO FL 32819	Name: Paul Russo Street Address (P.O. Box Number is Not Acceptable): 1701 Park Center Dr. Suite 350 City: Orlando FL Zip Code: 32835

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] Paul Russo 1/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUIS J. PEARLMAN ENTERPRISES, INC. 7380 SAND LAKE RD., SUITE 350 ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSO CONCEPTS, INC. 7931 BRIDGESTONE DR. ORLANDO FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] 1/20/04 (407) 230-8822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment

E 24059500

#L01000022567

Check # 2301 for $50.00
dated 3/2/04 from
"Trans Continental Records"
sent out seperately.