


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90538 050 ****55.00

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| DOCUMENT # L02000004801 |  |
| 1. Entity Name FESTIVAL.COM, LLC | |

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| Principal Place of Business 2900 WEST SAMPLE RD. POMPAÑO BEACH, FL 33073 | Mailing Address 2900 WEST SAMPLE RD. POMPAÑO BEACH, FL 33073 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02182005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 54-2069654 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired EX | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SHOOSTER, DANIEL H. 2900 WEST SAMPLE RD. POMPAÑO BEACH, FL 33073 | | 7. Name and Address of New Registered Agent Name Valdes-Fauli Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 500 E. Broward Blvd., Suite 1400 City Ft. Lauderdale FL 33394 | |
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| 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 <i>Martin R. Press, Esq., Vice President</i> | DATE 3/16/05 |

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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SHOOSTER, DANIEL H 2900 WEST SAMPLE RD. POMPAÑO BEACH, FL 33073 <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 |
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| 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.

| | | |
|---|----------------|-----------------------|
| SIGNATURE: <i>Daniel H. Shooster</i> | 2-25-05 | (954) 979-4555 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |
| Date Daytime Phone # | | |

Daniel H. Shooster, Manager