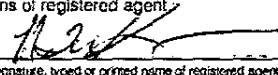


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000006752		
1. Entity Name INTERZIMENSION ENTERTAINMENT LLC		
Principal Place of Business 234 AVE V NW WINTERHAVEN, FL 33881		Mailing Address 234 AVE V NW WINTERHAVEN, FL 33881
		
04132004 No Chg-LLC		CR2E083 (10/03)
4. FEI Number 54-2078173		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
TUCKER, NIKKI 234 AVE V NW WINTERHAVEN, FL 33881		
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)		4/12/04 DATE
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATERS, TOMMY 564 CYPRESS LANE, APT 26C GREENVILLE, MS 38701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOSTER, KIMBERLY 8540 S HERMITAGE CHICAGO, IL 60620	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR TUCKER, NIKKI 234 AVE V.N.W. WINTER HAVEN, FL 33883	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAROSE, TYRONE 2606 COLEBROOK DRIVE TEMPLE HILLS, MD 20748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		4/12/04 DATE