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	Mailing Address
234 AVE V NW WINTERHAVEN, FL 33881	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 _____ 4/12/04
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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	WATERS, TOMMY
STREET ADDRESS	564 CYPRESS LANE, APT 26C
CITY-ST-ZIP	GREENVILLE, MS 38701
TITLE	VP
NAME	FOSTER, KIMBERLY
STREET ADDRESS	8540 S HERMITAGE
CITY-ST-ZIP	CHICAGO, IL 60620
TITLE	PR
NAME	TUCKER, NIKKI
STREET ADDRESS	234 AVE V.N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33883
TITLE	T
NAME	LAROSE, TYRONE
STREET ADDRESS	2606 COLEBROOK DRIVE
CITY-ST-ZIP	TEMPLE HILLS, MD 20748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/04-80072-020 55.00

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: _____ 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #