

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006752

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: INTERZIMENSION ENTERTAINMENT LLC

**Current Principal Place of Business:**

234 AVE V NW  
WINTERHAVEN, FL 33881

**New Principal Place of Business:**

226 SWAN DRIVE  
GREENWOOD, MS 38930

**Current Mailing Address:**

234 AVE V NW  
WINTERHAVEN, FL 33881

**New Mailing Address:**

226 SWAN DRIVE  
GREENWOOD, MS 38930

FEI Number: 54-2078173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TUCKER, NIKKI  
234 AVE V NW  
WINTERHAVEN, FL 33881 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: WATERS, TOMMY  
Address: 564 CYPRESS LANE, APT 26C  
City-St-Zip: GREENVILLE, MS 38701

Title: VP ( ) Delete  
Name: FOSTER, KIMBERLY  
Address: 8540 S HERMITAGE  
City-St-Zip: CHICAGO, IL 60620

Title: PR (X) Delete  
Name: TUCKER, NIKKI  
Address: 234 AVE V.N.W.  
City-St-Zip: WINTER HAVEN, FL 33883

Title: T ( ) Delete  
Name: LAROSE, TYRONE  
Address: 2606 COLEBROOK DRIVE  
City-St-Zip: TEMPLE HILLS, MD 20748

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WATERS, TOMMY  
Address: 226 SWAN DRIVE  
City-St-Zip: GREENWOOD, MS 38930

Title: MGRM (X) Change ( ) Addition  
Name: WATERS, MIA F  
Address: 226 SWAN DRIVE  
City-St-Zip: GREENWOOD, MS 38930

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: LAROSE, TYRONE  
Address: 2606 COLEBROOK DRIVE  
City-St-Zip: TEMPLE HILLS, MD 20748

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TOMMY L. WATERS

MGR

04/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date