2007 LIMITED LIABILITY COMPAÑÝ ANNUAL REPORT

DOCUMENT # L02000016660

1. Entity Name
RADICAL ENTERTAINMENT, LLC



FILED
May 04, 2007 08:00 A
Secretary of State

Principal Place of Business

4939 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063 US

Mailing Address

4939 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063 US



05012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
20-0456391	Not Applicabl
5. Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRAVETZ, JASON C 19641 ISLAND COURT DRIVE BOCA RATON, FL 33434

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE.				
3,3,1,7,0,1	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2007		000000761100 05/25/07-80041-023 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MMBR			
NAME	KRAVETZ, JASON C			
STREET ADDRESS	19641 ISLAND COURT DRIVE			
CITY-ST-ZIP	BOCA RATON, FL 33434			
TITLE	MBR		•	
NAME	MCCULLOM, KEVIN A			
STREET ADDRESS	1605 SW 6TH AVE			
CITY-ST-ZIP	POMPANO BEACH, FL 33060			
TITLE				
NAME				
STREET ADDRESS			NOT WOITE	
CITY-ST-ZIP		l po	DO NOT WRITE	
TITLE		IN '	IN THIS SPACE	
NAME		1 114		
STREET ADDRESS				

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 leceiver or trusted expowered to execute the exercise by port as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED ON PRHITED NAME OF SIGNING MANAGING

MER. OR AUTHORIZED REPRESENTATIVE

Date: Daysme Phone #