

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019764

FILED
May 06, 2005
Secretary of State

Entity Name: GABEL ENTERTAINMENT NETWORK, LLC

Current Principal Place of Business:

6269 NW 33RD AVE.
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

6269 NW 33RD AVE.
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 16-1621402 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GABEL, JO ELLEN
6269 NW 33RD AVE.
BOCA RATON, FL 33496 US

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: MGRM () Delete
Name: GABEL, JONATHAN
Address: 6269 NW 33RD AVE.
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: GABEL, JO ELLEN
Address: 6269 NW 33RD AVE.
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: PILNICK, SAUL
Address: 6269 NW 33RD AVE.
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

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

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

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

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: JON GABEL

PRES

05/06/2005

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