

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019764

FILED  
Aug 06, 2007  
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/MANAGERS:**

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 exemption stated in Chapter 119, 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: JO ELLEN GABEL

MRG

08/06/2007

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