

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90070 006 \*\*\*\*50.00

**DOCUMENT # L02000025648**

1. Entity Name  
**ANIME SPOT, LLC**



Principal Place of Business

**7801 NW 37 ST  
MIAMI, FL 33166 65**

Mailing Address

**P.O. BOX 025304  
MIAMI, FL 33102 53**

2. Principal Place of Business

**4831 N.W. 72 ND AV.**

3. Mailing Address

**4831 N.W. 72 ND AV.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

03102004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**32-0073281 32-0073281**

Applied For

Not Applicable

Zip

**33166**

Country

**U.S.A.**

Zip

**33166**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TOVAR DEL CORRAL, JOSE G  
C/O ARIAS TOVAR & ASSOCIATES, P.A.  
1725 MAIN STREET SUITE 205  
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name **ZIANGOS, JHONNY A**

Street Address (P.O. Box Number is Not Acceptable)

**4831 N.W. 72ND AV.**

City **MIAMI**

**FL**

Zip Code **33166**

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 **ZIANGOS, JHONNY A / MGMR**

**03/23/2004**

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **RON, GERARDO G**  
STREET ADDRESS **7801 NW 37 ST**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **MGRM** ☐ Delete  
NAME **RESTAINO, PIERO G**  
STREET ADDRESS **7801 NW 37 ST**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **MGRM** ☐ Delete  
NAME **ZIANGOS, JHONNY A**  
STREET ADDRESS **7801 NW 37 ST**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **ZIANGOS, JHONNY A**

**03/23/2004**

**(305) 418 3999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

*attachment* *24060745* *#1020002548* X  
DATE OF THIS NOTICE: 05-05-2003  
NUMBER OF THIS NOTICE: CP 575 B  
EMPLOYER IDENTIFICATION NUMBER: 32-0073282  
FORM: SS-4 NOBOD  
0232737151 B

FOR ASSISTANCE CALL US AT:  
1-800-829-0115

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

AMERICAN GAMES LLC  
TOVAR JOSE G MEMBER  
1725 MAIN ST STE 205  
WESTON FL 33326

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 32-0073282. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

Form 1065

04/15/2004

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-0115 or write to us at the address shown above.

Attachment 24060948

#L02000025648

# State of Florida



Department of State

I certify the attached is a true and correct copy of Certificate of Amendment, filed on November 26, 2003, to the Articles of Organization for AMERICAN GAMES, LLC which changed its name to ANIME SPOT, LLC, a Florida limited liability company, as shown by the records of this office.

The document number of this limited liability company is L02000025648.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Fifth day of December, 2003



CR2EO22 (2-03)

*Glenda E. Hood*

Glenda E. Hood  
Secretary of State

Attachment

24060948  
# L02000025648

Untitled

there is a mistake on the internet our FEI number is 32-0073282 i  
include a copy .

regards

Jhonny Ziangos