

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90026 001 \*\*\*\*50.00

**DOCUMENT # L02000026247**

1. Entity Name  
**LOUD ENTERTAINMENT, LLC**



Principal Place of Business  
**220 E CENTRAL PKWY  
STE 1020  
ALTAMONTE SPRINGS, FL 32701 US**

Mailing Address  
**220 E CENTRAL PKWY  
STE 1020  
ALTAMONTE SPRINGS, FL 32701 US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03062006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**16-1630634**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DICKS, JACK W  
220 E. CENTRAL PARKWAY  
1020  
ALTAMONTE SPRINGS, FL 32701**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_  
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, 2006**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
DICKS, JACK W  
220 EAST CENTRAL PARKWAY, SUITE 1020  
ALTAMONTE SPRINGS, FL 32701** ☒ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
NICK NANTON  
220 EAST CENTRAL PARKWAY SUITE 1020  
ALTAMONTE SPRINGS, FL 32701** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE \_\_\_\_\_