2004 LIMITED LIABILITY COMPANY

STREET ADDRESS

SIGNATURE:

FILED Jan 09, 2004 08:00 AM . ANNUAL REPORT **Secretary of State DOCUMENT # L02000026817** 1. Entity Name RAZŽLE AND DAZZLE L.L.C. Principal Place of Business Mailing Address PO BOX 27563 203 GOLF CIRCLE PANAMA CITY, FL 32411 PANAMA CITY, FL 32411 01072004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2083262 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEUBERT, KAREN T DO NOT WRITE 203 GOLF CIRCLE PANAMA CITY, FL 32411 IN THIS SPACE 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 trie if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SEUBERT, KAREN T NAME U00000001242 01/09/04-80033-016 50.00 STREET ADDRESS 203 GOLF CIRCLE PANAMA CITY, FL 32411 DITY - ST - 73P TITLE NEASE STREET ADDRESS CITY-ST-Z/P ππε NAME STREET ADDRESS DO NOT WRITE CITY ST-78 IN THIS SPACE TITLE NAME STREET ADDRESS City ST ZIP FILE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME

11. Thereby 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.

DED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Data