


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90165 041 ****50.00

DOCUMENT # L02000029853	
1. Entity Name WIDE SCREEN MEDIA GROUP, LLC	

Principal Place of Business 3826 BERESFORD RD EAST WEST PALM BEACH, FL 33417	Mailing Address 3826 BERESFORD RD EAST WEST PALM BEACH, FL 33417
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20011210



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0755834	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ERICKSON, JAMES 4449 LASEY OAK DRIVE PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent	
Name James Erickson	
Street Address (P.O. Box Number is Not Acceptable) 3826 Beresford Rd East	
City West Palm Beach	FL 33417

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
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERICKSON, JAMES C 3826 BERESFORD ROAD EAST WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James Erickson	Date 2-11-05	Daytime Phone # 561-656-4071
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