

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90212 039 ****50.00

DOCUMENT # L03000005335					
1. Entity Name SEBASTIAN ENTERTAINMENT, LLC					
Principal Place of Business 1550 N INDIAN RIVER DRIVE SEBASTIAN, FL 32958 US			Mailing Address 2585 LAGOON COURT VERO BEACH, FL 32963 US		
2. Principal Place of Business		3. Mailing Address 1550 INDIAN RIVER DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SEBASTIAN FL		4. FEI Number 13-4253699	
Zip		Country 32958 USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH, SETH Z % KURZBAN, KURZBAN, WEINGER & TETZELI, PA 2650 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name: BEVERLEY A WARD Street Address (P.O. Box Number is Not Acceptable): 2585 LAGOON COURT City: VERO BEACH FL Zip Code: 32963		
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: <i>B.A. Ward</i>		B.A. WARD		04/04/2006	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, BEVERLEY 2585 LAGOON COURT VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINSON, CHRISTOPHER 9266 106TH AVE VERO BEACH, FL 32967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>B.A. Ward</i>		B.A. WARD		04/04/2006 772-589-1115.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					