

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90025 024 \*\*\*138.75

**DOCUMENT # L03000005335**

1. Entity Name  
SEBASTIAN ENTERTAINMENT, LLC



Principal Place of Business  
1550 N INDIAN RIVER DRIVE  
SEBASTIAN, FL 32958 US

Mailing Address  
1550 N INDIAN RIVER DRIVE  
SEBASTIAN, FL 32958 US

00028868



03122008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4253699

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARD, BEVERLEY A  
2585 LAGOON COURT  
VERO BEACH, FL 32963

**DO NOT WRITE  
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WARD, BEVERLEY  
2585 LAGOON COURT  
VERO BEACH, FL 32963

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PINSON, CHRISTOPHER  
9266 106TH AVE  
VERO BEACH, FL 32967

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

4/22/08 772-589-1115.

Date

Daytime Phone #