

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008269

FILED
Feb 06, 2007
Secretary of State

Entity Name: NEW RIVER PROMOTIONS, LLC

Current Principal Place of Business:

ATTN: BRUCE KASSOVER
110 SE 6TH STREET, 30TH FLOOR, STE 3002
FORT LAUDERDAE, FL 33301

Current Mailing Address:

ATTN: BRUCE KASSOVER
110 SE 6TH STREET, 30TH FLOOR, STE 3002
FORT LAUDERDAE, FL 33301

New Principal Place of Business:

ATTN: BRUCE KASSOVER
110 SE 6TH STREET, STE 110
FORT LAUDERDAE, FL 33301

New Mailing Address:

ATTN: BRUCE KASSOVER
110 SE 6TH STREET, STE 110
FORT LAUDERDAE, FL 33301

FEI Number: 54-2104485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASSOVER, BRUCE
110 SE 6TH STREET, 30TH FLOOR
SUITE 3002
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

KASSOVER, BRUCE
110 SE 6TH STREET
SUITE 110
FT LAUDERDALE, FL 33301 US

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.

SIGNATURE: BRUCE KASSOVER

02/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRIPP, MICHAEL
Address: 110 S.E. 6TH STREET, 30TH FLOOR, STE 3002
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: STERNE, ROBIN
Address: 110 S.E. 6TH STREET, 30TH FLOOR, STE 3002
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: KASSOVER, BRUCE
Address: 110 SE 6TH ST 30TH FLOOR SUITE 3002
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRIPP, MICHAEL
Address: 110 S.E. 6TH STREET, STE 110
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR (X) Change () Addition
Name: STERNE, ROBIN
Address: 110 S.E. 6TH STREET, STE 110
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR (X) Change () Addition
Name: KASSOVER, BRUCE
Address: 110 SE 6TH ST, SUITE 110
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL M. TRIPP

MGR

02/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date