2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008373

Entity Name: POINT BLANK ENTERTAINEMENT, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
11131 OAK RIDGE DRIVE S JACKSONVILLE, FL 32225	11131 OAK RIDGE DR. SOUTH JACKSONVILLE, FL 32225

Current Mailing Address:	**New Mailing Address:**
PO BOX 8373 JACKSONVILLE, FL 322398411	11131 OAK RIDGE DR. SOUTH JACKSONVILLE, FL 32225

FEI Number: 01-0771344   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FL MIAMI, FL 33145 US	KRISTOFFER, FRANCISCO B PARTNER 11131 OAK RIDGE DR. SOUTH JACKSONVILLE, FL 32225 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: KRISTOFFER B FRANCISCO   04/30/2004
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	ORR, IVORY	Name:	
Address:	11131 OAK RIDGE DRIVE S	Address:	
City-St-Zip:	JACKSONVILLE, FL 32225	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	FRANCISCO, KRISTOFFER	Name:	
Address:	11131 OAK RIDGE DRIVE S	Address:	
City-St-Zip:	JACKSONVILLE, FL 32225	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KRISTOFFER B FRANCISCO   MGR   04/30/2004
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date