
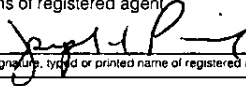
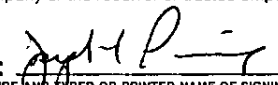


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90126 040 ****50.00

DOCUMENT # L03000009697 1. Entity Name ZEREP ENTERTAINMENT, LLC					
Principal Place of Business 1150 NW 72ND AVE STE 500 MIAMI, FL 33126 US			Mailing Address 1150 NW 72ND AVE STE 500 MIAMI, FL 33126 US		
2. Principal Place of Business 1150 NW 72nd Ave Suite, Apt. #, etc. Suite 620 City & State Miami, Florida Zip 33126			3. Mailing Address 1150 NW 72nd Ave Suite, Apt. #, etc. Suite 620 City & State Miami, Florida Zip 33126		
4. FEI Number 56-2471615			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			01252005 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent PEREZ, JOSEPH H 1150 NW 72ND AVE STE 500 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Perez, Joseph H. Street Address (P.O. Box Number is Not Acceptable) 1150 NW 72nd Ave, Ste 620 City Miami	
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.				FL Zip Code 33126	
SIGNATURE  Joseph H. Perez				DATE 03/23/2005	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGRM NAME ZEREP HOLDINGS LLC STREET ADDRESS 1150 NW 72ND AVE STE 500 CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE MGRM NAME Zerep Holdings, LLC STREET ADDRESS 1150 NW 72nd Ave, Ste 620 CITY-ST-ZIP Miami, Florida 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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:  Joseph H. Perez				DATE 03/23/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 205.994.9494	