

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023666

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: THE KIDZ ENTERTAINMENT, LLC

**Current Principal Place of Business:**

2157 BACOM POINT ROAD  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 781  
CANAL POINT, FL 33438 US

**New Mailing Address:**

FEI Number: 20-0093853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPEZ, NELSON  
2157 BACOM POINT  
PAHOKEE, FL 33476 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOPEZ, NELSON JR  
Address: P.O. BOX 781  
City-St-Zip: CANAL POINT, FL 33438

Title: MGRM ( ) Delete  
Name: HERRERA, VICTOR  
Address: 2411 N. 61ST AVENUE  
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGRM ( ) Delete  
Name: DWAYNE, DAYAL M  
Address: P.O BOX 781  
City-St-Zip: CANAL POINT, FL 33438

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NELSON LOPEZ

MGRM

04/27/2006

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