

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024273

FILED
Apr 29, 2004
Secretary of State

Entity Name: J&B ENTERTAINMENT HOLDINGS, LLC

Current Principal Place of Business:

1817 S. OCEAN DRIVE
417
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1817 S. OCEAN DRIVE
417
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 05-0576171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENETTE, BRYAN
10275 COLLINS AVENUE
820
BAL HARBOUR, FL 33154 US

Name and Address of New Registered Agent:

LENETT, BRYAN
1817 S. OCEAN DRIVE
417
HALLANDALE, FL 33009 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: BRYAN LENETT

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TORTORELLA, JOSEPH
Address: 1817 S OCEAN DRIVE. #417
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM () Delete
Name: LENETTE, BRYAN
Address: 10275 COLLINS AVENUE #820
City-St-Zip: BAL HARBOUR, FL 33154 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LENETTE, BRYAN
Address: 1817 S OCEAN DRIVE APT.417
City-St-Zip: HALLANDALE, FL 33009 US

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: JOSEPH TORTORELLA

MGRM

04/29/2004

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