

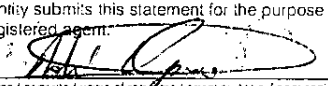
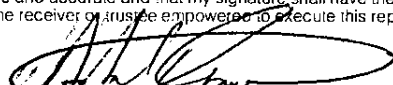


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90128 025 \*\*\*\*50.00

<b>DOCUMENT # L03000029733</b> 1. Entity Name T.I.C. ENTERTAINMENT, LLC					
Principal Place of Business 1134 WESTERN WAY COLLEGE PARK, FL 32804			Mailing Address 1134 WESTERN WAY COLLEGE PARK, FL 32804		
2. Principal Place of Business		3. Mailing Address <b>1134 Western Way</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Orlando, FL</b>			
Zip <b>32804</b>	Country	Zip <b>32804</b>	Country		
4. FEI Number <b>20-0578689</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  KAPADIA, ASHISH 8227 CHELSWORTH DRIVE ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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. SIGNATURE  DATE <b>04/29/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Ashish Kapadia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8227 Chelsworth Drive Orlando, FL 32835		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dan Picard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1134 Western Way Orlando, FL 32804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member David Artura <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6518 Swiseco Drive Apt# 1211 Orlando, FL 32822		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Neil Leiba <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6593 Queensborough Apt#202 Orlando, FL 32835		
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: 		04/29/2004		407.595.4847	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					