2005 LIMITED LIABILITY COMPANY

Jan 07, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L03000030252** 01-07-2005 90024 014 ****55.00 CENTURY COSTUMES, LLC Principal Place of Business Mailing Address **5009 PLEASURE ISLAND ROAD** 5009 PLEASURE ISLAND ROAD ORLANDO, FL 32809 US ORLANDO, FL 32809 US 2. Principal Place of Business 3. Mailing Address 3510 SOUTH ORANGE AVE. Suite, Apt. #, etc. 3510 SOUTH OPANGE Suite, Apt. #, etc. 01042005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For ORLANDO ORLANDO **NOT APPLICABLE** Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired U5A 32806 ÚSA Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent ---Name STRAHL, KARL R 5009 PLEASURE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32809 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, type (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State ---9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR Delete TITLE ☐ Change ☐ Addition STRAHL, KARL R NAME NAME STREET ADDRESS 5009 PLEASURE ISLAND ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CATY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED