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Apr 22, 2004 8:00 am
Secretary of State
04-09-2004 90220 044 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031079

1. Entity Name
PALM COAST ENTERTAINMENT, LLC

34003927

Principal Place of Business	Mailing Address
32 OSPREY CIRCLE PALM COAST, FL 32137	32 OSPREY CIRCLE PALM COAST, FL 32137

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03072004 Chg-LLC CR2E083 (10/03)

4. FEI Number 05 058 3581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KATZ, B. PAUL B. PAUL KATZ PROFESSIONAL BLDG. 1 FLORIDA PARK DRIVE, ATRIUM SUITE PALM COAST, FL 32137	Name: Gary B. Davenport Street Address (P.O. Box Number is Not Acceptable): Chiumento & Davenport, P.A. 4 Old Kings Road North, Suite B City: Palm Coast FL Zip Code: 32137

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 [signature] 3/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORNE, RUSSELL 32 OSPREY CIRCLE PALM COAST, FL 32137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Russell C. Horne 3/9/04 386 447-1856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #