

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038844

FILED  
Sep 02, 2004  
Secretary of State

Entity Name: T.S. ENTERTAINMENTS, L.L.C.

## Current Principal Place of Business:

3001 PONCE DE LEON BLVD., SUITE 101  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2828 CORAL WAY  
STE 308  
MIAMI, FL 33145 US

## Current Mailing Address:

3001 PONCE DE LEON BLVD., SUITE 101  
CORAL GABLES, FL 33134

## New Mailing Address:

2828 CORAL WAY  
STE 308  
MIAMI, FL 33145 US

FEI Number: 65-1206811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, ANA MARI  
3001 PONCE DE LEON BLVD., SUITE 101  
CORAL GABLES, FL 33134

## Name and Address of New Registered Agent:

PEREZ, ANA MARIA  
2828 CORAL WAY  
STE 308  
MIAMI, FL 33145 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: ANA MARIA PEREZ

09/02/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: PST ( ) Delete  
Name: PEREZ, ANA MARIA  
Address: 3001 PONCE DE LEON BLVD., SUITE 101  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PEREZ, ANA MARIA  
Address: 2828 CORAL WAY STE 308  
City-St-Zip: MIAMI, FL 33145 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: ANA MARIA PEREZ

MGRM

09/02/2004

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