2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2004
Secretary of State

DOCUMENT# L03000042353

Entity Name: MANHATTAN NIGHTS SIGHTS & SOUND, LLC

Current Principal Place of Business:

1019 S. HIAWASSEE ST.
UNIT 3811
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

1019 S. HIAWASSEE ST.
UNIT 3811
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 75-3141416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUCE, ZOE
1019 S. HIAWASSEE ST.
UNIT 3811
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	BRUCE, ZOE	
Address:	1019 S. HIAWASSEE ST. UNIT 3811	
City-St-Zip:	ORLANDO, FL 32835 US	
Title:	MGR	( ) Delete
Name:	BRUCE, ANTHONY	
Address:	35 HALLOCK ROAD	
City-St-Zip:	PATCHOGUE, NY 11772 US	
Title:	MGR	( ) Delete
Name:	LUCHSINGER, DAVID JR.	
Address:	1-10 S. HIAWASSEE ST. UNIT 3811	
City-St-Zip:	ORLANDO, FL 32835 US	

ADDITIONS/CHANGES:

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

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: DAVID LUCHSINGER MGR 07/28/2004

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