

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003542

Entity Name: CASON ENTERTAINMENT, LLC

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

12306 TARPON SPRINGS ROAD
ODESSA, FL 33556

New Principal Place of Business:

4893 W WATERS AVE
SUITE BE
TAMPA, FL 33634

Current Mailing Address:

12306 TARPON SPRINGS ROAD
ODESSA, FL 33556

New Mailing Address:

4893 W WATERS AVE
SUITE E
TAMPA, FL 33634

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIN, ALASTAIR D
12306 TARPON SPRINGS ROAD
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

MAIN, ALASTAIR D
4893 W WATERS AVE
SUITE E
TAMPA, FL 33634 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: A.D.W. MAIN

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CASON GOLF, INC.,
Address: 12306 TARPON SPRINGS ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASON GOLF, INC.,
Address: 4893 W WATERS AVE, SUITE E
City-St-Zip: TAMPA, FL 33634

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: A.D.W. MAIN

MGRM

04/30/2005

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