
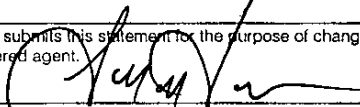
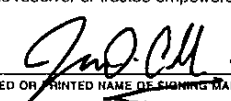


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90011 032 \*\*\*\*50.00

DOCUMENT # L04000032173																													
1. Entity Name PS ENTERTAINMENT L.L.C.																													
Principal Place of Business 701 BRICKELL AVENUE, SUITE 1480 MIAMI, FL 33131			Mailing Address 701 BRICKELL AVENUE, SUITE 1480 MIAMI, FL 33131																										
2. Principal Place of Business 141 NE 3rd Ave. Suite, Apt. #, etc. Suite 1100 City & State Miami, FL Zip 33132 Country USA			3. Mailing Address 141 NE 3rd Ave. Suite, Apt. #, etc. Suite 1100 City & State Miami, FL Zip 33132 Country USA																										
4. FEI Number 20-1453992			Applied For Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			02102005 Chg-LLC CR2E083 (10/03)																										
6. Name and Address of Current Registered Agent  TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name TRANSGLOBAL CORPORATE ADMINISTRATION LLC Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE, SUITE 0-305 City MIAMI State FL Zip Code 33131																										
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  DATE 4/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BASKIN, YUZEK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>701 BRICKELL AVENUE, SUITE 1480</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>			TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	BASKIN, YUZEK		STREET ADDRESS	701 BRICKELL AVENUE, SUITE 1480		CITY-ST-ZIP	MIAMI, FL 33131		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JUAN D. CALLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>141 NE 3rd Ave, Suite 1100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33132</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	JUAN D. CALLE		STREET ADDRESS	141 NE 3rd Ave, Suite 1100		CITY-ST-ZIP	MIAMI, FL 33132	
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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:  JUAN D. CALLE Date March 22, 2005 (305) 372-0075 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													

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