

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90022 021 ****50.00

DOCUMENT # L04000034475

1. Entity Name
LEVITY ENTERTAINMENT, LLC



Principal Place of Business
**3250 MARY ST, 5TH FLOOR
MIAMI, FL 33133**

Mailing Address
**3250 MARY ST, 5TH FLOOR
MIAMI, FL 33133**

20026930

2. Principal Place of Business
3250 Mary Street

Suite, Apt. #, etc.
Suite 500

City & State
Miami, Florida

Zip
33133

Country

3. Mailing Address
3250 Mary Street

Suite, Apt. #, etc.
Suite 500

City & State
Miami, Florida

Zip
33133

Country



01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number
16-1707073

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
STEARNS WEAVER MILLER, ET AL C/O RICHARD E SCHATZ 150 W FLAGLER ST, 2200 MUSEUM TOWER MIAMI, FL 33130	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

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, 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, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Sherwood M. Weiser 3250 Mary Street Suite 500 Miami, Florida 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sherwood M. Weiser *[Signature]* **02/01/2005** **305-445-2493**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #