## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 02, 2006 8:00 am **Secretary of State DOCUMENT # L04000034475** 1. Entity Name 02-02-2006 90093 023 \*\*\*\*50.00 LEVITY ENTERTAINMENT, LLC Principal Place of Business Mailing Address **3250 MARY ST 3250 MARY ST** 20004528 SUITE 500 SUITE 500 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/05) 01092006 Cha-LLC City & State City & State 4. FEI Number Applied For 16-1707073 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEARNS WEAVER MILLER, ET AL Street Address (P.O. Box Number is Not Acceptable) C/O RICHARD E SCHATZ 150 W FLAGLER ST, 2200 MUSEUM TOWER MIAMI, FL 33130 City 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEISER, SHERWOOD M. NAME NAME 3250 MARY STREET SUITE 500 STREET ADDRESS STREET ADDRESS CITY-SI-7IP MIAMI, FL 33133 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SHERUDOO M. WG 156R 1/31/2006 305-445-2493 SIGNATURE: