

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036194

FILED  
Jul 15, 2005  
Secretary of State

Entity Name: IN HOUSE ENTERTAINMENT, LLC

**Current Principal Place of Business:**

30434 TREMONT DR  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 48186  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 65-1205257      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PHILIDOR, JR, JUSTIN  
30434 TREMONT DR  
WESLEY CHAPEL, FL 33543      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PHILIDOR, MARC A  
Address: 30434 TREMONT DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM      ( ) Delete  
Name: VIXAMAR, JEAN M  
Address: 30434 TREMONT DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

**ADDITIONS/CHANGES:**

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: JUSTIN PHILIDOR JR

MR

07/15/2005

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