

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90121 028 ****50.00

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DOCUMENT # L04000038685 1. Entity Name HITS! ENTERTAINMENT SYSTEMS LLC					
Principal Place of Business 16706 ALMANZOR DE AVILA TAMPA, FL 33613-1096			Mailing Address 16706 ALMANZOR DE AVILA TAMPA, FL 33613-1096		
2. Principal Place of Business 4015 BAYSHORE BLVD.		3. Mailing Address P.O. Box 273246			
Suite, Apt. #, etc. 7F		Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33611		Country USA		Zip 33688-3246	
Country USA		4. FEI Number 20-1171684			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent F & L CORP. THE GREENLEAF BUILDING 200 LAURA STREET JACKSONVILLE, FL 32202-3510			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <u><i>Mark Stevens</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUDSON, JEREMY M 16706 ALMANZOR DE AVILA TAMPA, FL 336131096	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVENS, MARK 16706 ALMANZOR DE AVILA TAMPA, FL 336131096	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMINE, MAURICE 16706 ALMANZOR DE AVILA TAMPA, FL 336131096	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAIG, KEN 16706 ALMANZOR DE AVILA TAMPA, FL 336131096	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBBI KIER 2712 NINK CT. NAPPA, ID 83687	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMOTHY LYNCH /MGR P.O. BOX 134 WINTER PARK, FL 32780	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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: <u><i>Mark Stevens</i></u>		9/5/05		813-831-4906	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					