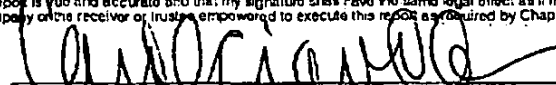


FILED
May 13, 2005 8:00 am
Secretary of State

04-15-2005 90022 039 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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DOCUMENT # L04000039641			
1. Entity Name ON THE BALL PRODUCTIONS, LLC		Principal Place of Business 263 FAN PALM ROAD BOCA RATON, FL 33432	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 263 FAN PALM ROAD BOCA RATON, FL 33432	
City & State Zip		City & State Zip	
Country		Country	
4. Name and Address of Current Registered Agent SICILIANO, THOMAS V 980 NORTH FEDERAL HIGHWAY SUITE 440 BOCA RATON, FL 33432		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESENT CAROL CEAVOLA 263 FAN PALM RD. BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. RAE CEAVOLA 263 FAN PALM RD BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: 		Date: 4/12/05 5618661181	