

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047789

Entity Name: KEETASH ENTERTAINMENT, LLC

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

5427 SPRING RUN AVENUE
ORLANDO, FL 32819

New Principal Place of Business:

1519 HIALEAH STREET
ORLANDO, FL 32808

Current Mailing Address:

5427 SPRING RUN AVENUE
ORLANDO, FL 32819

New Mailing Address:

1519 HIALEAH STREET
ORLANDO, FL 32808

FEI Number: 59-3267914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAILE, KITI
5427 SPRING RUN AVENUE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

MAILE, KITI
1519 HIALEAH STREET
ORLANDO, FL 32808 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:

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: MAILE, NATASHA
Address: 3577 CONROY RD #333
City-St-Zip: ORLANDO, FL 32839

Title: MGRV () Delete
Name: MAILE, KITI
Address: 3577 CONROY RD #333
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: MAILE, NATASHA
Address: 1519 HIALEAH STREET
City-St-Zip: ORLANDO, FL 32808

Title: MGRV (X) Change () Addition
Name: MAILE, KITI
Address: 1519 HIALEAH STREET
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KITI MAILE

MGRV

04/29/2006

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