


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000060200</b> 1. Entity Name WS 1ST ENTERTAINMENT GROUP, LLC	
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Principal Place of Business  
P.O. BOX 53  
WHITE SPRINGS, FL 32096

Mailing Address  
P.O. BOX 53  
WHITE SPRINGS, FL 32096



04182006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0878469	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBINSON, AMBER MESHON  
16394 DIAMOND STREET  
WHITE SPRINGS, FL 32096

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBINSON, AMBER M PO BOX 53 16394 DIAMOND ST WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUSS, SHAQUENYA Z 1363 NW QUEEN RD LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBINSON, FREDERICK W PO BOX 53 16394 DIAMOND ST WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROWN, MARSHALL J 1363 NW QUEEN RD LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000557521  
05/17/06-80055-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/06

Date

Daytime Phone #