

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066658

FILED
Mar 01, 2005
Secretary of State

Entity Name: ONROO ENTERTAINMENT, LLC

Current Principal Place of Business:

1964 ISLA DE PALMA CIRCLE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

1964 ISLA DE PALMA CIRCLE
NAPLES, FL 34119

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNETH MITCHELL, SCOTT
1964 ISLA DE PALMA CIRCLE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

MITCHELL, SCOTT K
1964 ISLA DE PALMA CIRCLE
NAPLES, FL 34119 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: SCOTT MITCHELL

03/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KENNETH MITCHELL, SCOTT
Address: 1964 ISLA DE PALMA CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: MITCHELL, TODD JOSEPH
Address: 3326 SOUTH BENTLEY AVENUE
City-St-Zip: LOS ANGELES, CA 90034

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MITCHELL, SCOTT K
Address: 1964 ISLA DE PALMA CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Change () Addition
Name: MITCHELL, TODD J
Address: 3326 SOUTH BENTLEY AVENUE
City-St-Zip: LOS ANGELES, CA 90034

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: SCOTT MITCHELL

MGRM

03/01/2005

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