

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90034 002 ****50.00

DOCUMENT # L04000086393	
1. Entity Name CCX ENTERTAINMENT, LLC	

Principal Place of Business 12565 NW 67TH DRIVE PARKLAND, FL 33076	Mailing Address 12565 NW 67TH DRIVE PARKLAND, FL 33076
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2. Principal Place of Business 8188 PINE CIRCLE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMARAC, FL	City & State
Zip 33321	Country BROWARD

4. FEI Number 52-2448091	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 NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, JASON G ☐ Delete 8885 RAMBLEWOOD DRIVE #2107 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, DOUGLAS D ☐ Delete 12565 NW 67TH DRIVE PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, SEAN D ☐ Delete 12565 NW 67TH DRIVE PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8188 PINE CIRCLE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8188 PINE CIRCLE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: Douglas D Myers, MEMBER 1/9/06 954-341-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #