

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90175 044 ****50.00

DOCUMENT # L04000086393					
1. Entity Name CCX ENTERTAINMENT, LLC					
Principal Place of Business 8188 PINE CIRCLE TAMARAC, FL 33321			Mailing Address 12565 NW 67TH DRIVE PARKLAND, FL 33076		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8188 PINE CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMARAC, FL		4. FEI Number 52-2448091	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
33321		Country		03192007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			Name Street Address (P.O. Box Number is Not Acceptable) City		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MYERS, JASON G 8188 PINE CIRCLE TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
MGRM MYERS, DOUGLAS D 12565 NW 67TH DRIVE PARKLAND, FL 33076	☐ Delete	MGRM MYERS, SEAN D 8188 PINE CIRCLE TAMARAC, FL 33321	☐ Delete	264 FARNSLEIGH AVE BLUFFTON, SC 29910	
MGRM MYERS, SEAN D 8188 PINE CIRCLE TAMARAC, FL 33321	☐ Delete	MGRM MYERS, SEAN D 8188 PINE CIRCLE TAMARAC, FL 33321	☐ Delete	264 FARNSLEIGH AVE BLUFFTON, SC 29910	
MGRM MYERS, SEAN D 8188 PINE CIRCLE TAMARAC, FL 33321	☐ Delete	MGRM MYERS, SEAN D 8188 PINE CIRCLE TAMARAC, FL 33321	☐ Delete	264 FARNSLEIGH AVE BLUFFTON, SC 29910	
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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		
3/20/07			954-341-6333		