
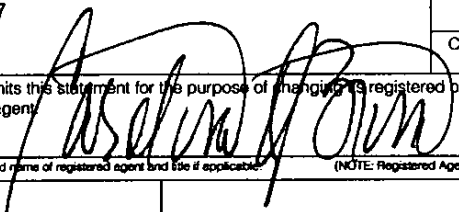
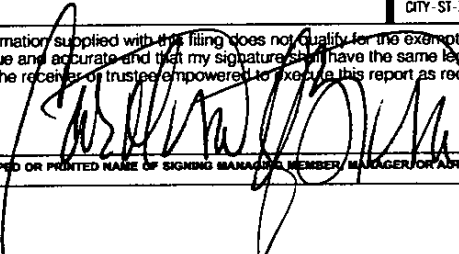


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90286 030 ****50.00

DOCUMENT # L05000004268 1. Entity Name BROADVIEW ENTERTAINMENT, LLC					
Principal Place of Business 7937 WEST DRIVE SUITE A NORTHBAY VILLAGE, FL 33141			Mailing Address 7937 WEST DRIVE SUITE A NORTHBAY VILLAGE, FL 33141		
2. Principal Place of Business 420 NE 25th Street Suite, Apt. #, etc.		3. Mailing Address 420 NE 25th St Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami, FL		4. FEI Number 20-2162A45	
Zip 33137		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRICKEL, JILL H 6001 BROKEN SOUND PKWY, NW SUITE 406 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 2/2/06 <small>DATE</small> </div> </div>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, CAROLINE 7937 WEST DRIVE, APT. A NORTHBAY VILLAGE, FL 33141	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAROLINE O'BRIEN 420 NE 25th St Miami FL 33137	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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 file this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <div style="float: right; text-align: right;"> 2/2/06 786/2521855 <small>Date Daytime Phone #</small> </div>					