

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012839

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: ENTERTAINMENT ASSISTANT LLC

**Current Principal Place of Business:**

1832 NORTH DIXIE HIGHWAY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

500 NO. DIXIE HIGHWAY  
LAKE WORTH, FL 33460

**Current Mailing Address:**

C/O DIAMENT  
3475 NORTH OCEAN BOULEVARD PH6  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 32-0140019      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAXMAN, JOHN T ESQ.  
1832 NORTH DIXIE HIGHWAY  
LAKE WORTH, FL 33460      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REMSON, MARK  
Address: 3555 S OCEAN BLVD #470  
City-St-Zip: S. PALM BEACH, FL 334805766

Title: MGRM ( ) Delete  
Name: DIAMENT, SCOTT  
Address: 3475 S OCEAN BLVD PH 6  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: DIAMENT, SCOTT  
Address: 3475 S OCEAN BLVD PH 6  
City-St-Zip: S. PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 DIAMENT

MGRM

02/16/2009

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