

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000013220

1. Entity Name
JRC ENTERTAINMENT, LLC



FILED

2006 OCT 31 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
127 WEST CHURCH STREET
SUITE 350
ORLANDO, FL 32801

Mailing Address
127 WEST CHURCH STREET
SUITE 350
ORLANDO, FL 32801

2. Principal Place of Business
NO CHANGE

3. Mailing Address
NO CHANGE

Suite, Apt. #, etc.

City & State

Zip Country

10202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2304958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CULLEN, JOHN R
127 WEST CHURCH STREET
SUITE 350
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name *LOUIS J. PEARLMAN*
Street Address (P.O. Box Number is Not Acceptable)
127 WEST CHURCH STREET
SUITE 350
City *ORLANDO* FL Zip Code *32801*

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 *John R. Cullen* *MANAGING MEMBER* *JOHN R. CULLEN* *10-24-2006*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CULLEN, JOHN R ☒ Delete
STREET ADDRESS 127 WEST CHURCH STREET, SUITE 350
CITY-ST-ZIP ORLANDO, FL 32901

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME LOUIS J. PEARLMAN ENTERPRISES, LLC
STREET ADDRESS 127 WEST CHURCH STREET, SUITE 350
CITY-ST-ZIP ORLANDO, FL 32801

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 000081387520
CITY-ST-ZIP 10/31/06--01051--003 **50.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *John R. Cullen* *MANAGING MEMBER* *JOHN R. CULLEN* *10-24-2006* *#863-421-4226*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #