

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90085 010 ****55.00

DOCUMENT # L05000013988 1. Entity Name WORLDJAMMS ENTERTAINMENT PRODUCTION LLC					
Principal Place of Business 129 AURELIA CT. POINCIANA, FL 34758			Mailing Address 129 AURELIA CT. POINCIANA, FL 34758		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">541875508</div> <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKERSON, REGINALD 129 AURELIA CT. POINCIANA, FL 34758			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;"> 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. SIGNATURE <i>Reginald Dickerson, Reginald Dickerson</i> DATE <i>July 17, 2006</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DICKERSON, REGINALD 129 AURELIA CT. POINCIANA, FL 34758	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DICKERSON, LISA M 129 AURELIA CT. POINCIANA, FL 34758	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SELLINGER, JOANNE B 1330 GILLESPIE DR. PALM HARBOR, FL 34684	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"><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 execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Reginald Dickerson, Reginald Dickerson</i> DATE <i>July 17, 2006</i> 407-849-5852 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					