

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90119 027 ****55.00

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03212007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3799167 Applied For Not Applicab

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

DOCUMENT # L05000014502
 1. Entity Name
MARK KROHN ENTERTAINMENT LLC



Principal Place of Business Mailing Address
 C/O MARK KROHN C/O MARK KROHN
 4617 ROTHSCHILD DRIVE 4617 ROTHSCHILD DRIVE
 CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3070 WINDWARD PL2A 3070 WINDWARD PL2A

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite F-349 Suite F-349

City & State City & State
Alpharetta GA Alpharetta GA

Zip Country Zip Country
30005 USA 30005 USA

6. Name and Address of Current Registered Agent

KROHN, ANGELA L
4617 ROTHSCHILD DRIVE
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

Name **Saul B. Lipson & Company**
 Street Address (P.O. Box Number is Not Acceptable)
1515 University Drive #222
 City **Coral Springs FL** Zip Code **33071**

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 DATE **4-17-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KROHN, MARK	4617 ROTHSCHILD DR	CORAL SPRING, FL 33067	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addit
		3070 WINDWARD PL2 F-349	Alpharetta, GA 30005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 DATE **4-17-07**