2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000023347

Entity Name
 STEP IN COMMAND PRODUCTIONZ AND 3 A.M.



FILED Jul 25, 2006 8:00 am Secretary of State

07-25-2006 90085 049 ****50.00

ENTERTAINMENT, LLC	JOC HOINZ	ZAND 3 A.IVI.	E.						
Principal Place of Business 12328 WOODROSE CT. UNIT #2 FT. MYERS, FL 33907 US		Mailing Address 12328 WOODROSE CT. UNIT #2 FT. MYERS, FL 33907 US		 	U 1877 118 451U 570U 20			331 l k 185 ;	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07162006	Chg-LLC	CR2E08	3 (11/05)	
City & State		City & State			4. FEI Numb	7-011-86	068		oplied For
Zip Country		Zip	Country		5. Certificate	of Status Desired	п 1	5.00 Add	litional
6. Name and Addres	s of Current R	legistered Agent	т.		7. Name and	Address of New F		<u> </u>	
			Nan	ne				-	
A1A REGISTERED AGENT, INC. 92 SADBERRY ROAD			Street Address		P.O. Box Numb	er is Not Acceptable	e)		
QUINCY, FL 32351			<u> </u>						
			City	,			FL	Zip Code	e
The above named entity submits this the obligations of registered agent.	statement for	the purpose of changing its re	egistered offic	ce or registere	ed agent, or bo	oth, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURESignalure, typed or printed name of	I societared poset or	d tito it applicable (NOTE: E	Panistand Acast	sianah sa sa sa sisaad	udos estanteisas		DATE		
, Signature, typed or primed realie o	registated agent ar	io me ii applicadis. (NOTE: F	registereu Ageni i	signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 6, 2006					Make check payable to Florida Department of State				
9. , MANAC	NO MEMBER	 IS/MANAGERS	10.	* * * * * * *		ADDITIONS	CUANCEC		
TITLE MGRM	SING MEMBER	Delete	TITLE			ADDITIONS		☐ Change	☐ Addition
NAME DURHAM, CHRISTO	PHER	La Delete	NAME					☐ Clianing	L AGGILLON
STREET ADDRESS 12328 WOODROSE	CT. UNIT #2		STREET ADDR	ESS					
CITY-ST-ZIP FT. MYERS, FL 3390	77		CITY-ST-ZIP						į
TITLE MGRM		☐ Delete	TITLE					Change	☐ Addition
NAME WILLIAMS, TROY			NAME						
STREET ADDRESS 207 HIGH AVE. #2 CITY-ST-ZIP SPRINGVILLE, IA 52	226		STREET ADDR	1					
	.330	Поли.							Addition
TITLE NAME		☐ Delete	TITLE NAME					Change	L. AUGHANI
STREET ADDRESS			STREET ADDR	ESS]
CITY-ST-ZIP			CITY-ST-ZIP						ļ
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TITLE NAME		□ Delete	TITLE NAME					☐ Change	Addition i
STREET ADDRESS			STREET ADDR	ESS					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
				1					
NAME			NAME						. I
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDR	ESS					,

Thereby certify that the information supplied with this illing does not qualify for the exemptions contained in chapter 118, Florida Statutes. Fruither certify that the mormation 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: Christopher Durham	Chiff I In	La7/22	2398225	39
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, O	OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #	