

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 Jun 15, 2006 8:00 am
 Secretary of State

05-05-2006 90024 016 ****50.00

DOCUMENT # L05000042468
 1. Entity Name
 CCW ENTERTAINMENT, LLC



Principal Place of Business
 6224 14TH STREET W.
 BRADENTON, FL 34207

Mailing Address
 6224 14TH STREET W.
 BRADENTON, FL 34207



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04122008 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2783243** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A. 150 WEST FLAGLER STREET, SUITE 2200 C/O CARLOS CANINO MIAMI, FL 33130

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00
 Due by May 1, 2006



Make check payable to
 Florida Department of State

| 9. AGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Managing Member <input type="checkbox"/> Delete Cecil White 2673 Monocacy Ford Road Frederick, MD 21701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Managing Member <input type="checkbox"/> Delete Kevin White 9327 Hillsborough Dr. Frederick, MD 21701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Managing Member <input type="checkbox"/> Delete Tim Conway 901 Meadow Green Drive Mount Airy, N |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Managing Member <input type="checkbox"/> Delete Ann White 2673 Monocacy Ford Road Frederick, MD 21701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* Date: 4/20/06 Daytime Phone #: 941-755-5505