

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000042481



1. Entity Name
TWB ENTERTAINMENT, LLC

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

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



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2783325

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, S
UITE 2200 C/O CARLOS CANINO
MIAMI, FL 33130

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WHITE, CECIL
STREET ADDRESS 2673 MONOCACY FORD RD.
CITY-ST-ZIP FREDERICK, MD 21701

TITLE MGRM
NAME WHITE, KEVIN
STREET ADDRESS 2673 MONOCACY FORD RD.
CITY-ST-ZIP FREDERICK, MD 21701

TITLE MGRM
NAME CONWAY, TIM
STREET ADDRESS 2673 MONOCACY FORD RD.
CITY-ST-ZIP MOUNT AIRY, MD 21771

TITLE MGRM
NAME WHITE, ANN
STREET ADDRESS 2673 MONOCACY FORD RD.
CITY-ST-ZIP FREDERICK, MD 21701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80103-013,50.00

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/07