


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90036 041 \*\*\*\*50.00

**DOCUMENT # L05000052197**

1. Entity Name  
**WORLD WRESTLING LEGENDS, LLC**



Principal Place of Business 17757 U.S. HIGHWAY 19 N. STE. 1900 CLEARWATER, FL 33764	Mailing Address 17757 U.S. HIGHWAY 19 N. STE. 1900 CLEARWATER, FL 33764
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2. Principal Place of Business - No P.O. Box # <b>2840 WEST BAY DRIVE</b>	3. Mailing Address <b>2840 West Bay Drive</b>
Suite, Apt. #, etc. <b>Suite 231</b>	Suite, Apt. #, etc. <b>Suite 231</b>

04252007 Chg-LLC CR2E083 (12/06)

City & State <b>Bellaire Bluffs, FL</b>	City & State <b>Bellaire Bluffs FL</b>
Zip <b>33770</b>	Zip <b>33770</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-3865103</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BERMAN, KEAN &amp; RIGUERA, P.A.</b> 2101 W. COMMERCIAL BLVD. STE. 2800 FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name <b>SHEILAH D. MERCER</b> Street Address (P.O. Box Number is Not Acceptable) <b>700 STARKEY ROAD</b> <b>Suite 1215</b> City <b>LARGO</b> FL Zip Code <b>33771</b>	
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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.

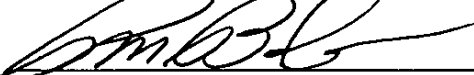
SIGNATURE  DATE **4/25/07**

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

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBEE, PETER M			NAME			
STREET ADDRESS	7343 RIVER COUNTRY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	WEEKI WACHEE, FL 34607			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 **4/25/07** (352)279-8644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #