

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90165 001 ***150.00

30001334



02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
02-0745601

Applied For
Not Applicable

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

DOCUMENT # L05000059206

1. Entity Name
DL ENTERTAINMENT GROUP, LLC



Principal Place of Business
**202 N. HARBOR CITY BLVD., SUITE 200
MELBOURNE, FL 32935**

Mailing Address
**202 N. HARBOR CITY BLVD., SUITE 200
MELBOURNE, FL 32935**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

WIDERMAN
WIDEMAN, SCOTT D ESQUIRE
202 N. HARBOR CITY BLVD., SUITE 200
MELBOURNE, FL 32935

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 _____
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**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PAY LABS COMMUNICATIONS,LLC 202 N HARBOR CITY BLVD SUITE 200 MELBOURNE, FL 32935 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 606, Florida Statutes.

SIGNATURE: *[Signature]* **2/23/07** **321-255-2332**
Signature, typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #