2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000073931

1. Entity Name GOTHAM PROMO LLC



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6800 BROKEN SOUND PARKWAY BOCA RATON, FL 33487 6800 BROKEN SOUND PARKWAY BOCA RATON, FL 33487



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3269632

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, RUTI K 6800 BROKEN SOUND PARKWAY BOCA RATON, FL 33487

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| The above named entity submits this statement for the purpose of changes the obligations of registered agent. | ging its registered office or registered agent, or bo | oth, in the State of Florida. | I am familiar with, and accept |
|---|---|-------------------------------|--------------------------------|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstalling) | <u>.</u> | DATE |

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

U00000608305 02/01/07-80029-014 **50.00**

MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE NAME BELL, RUTI K STREET ADDRESS 3878 PRICETON PLACE CITY-ST-ZIP BOCA RATON, FL 33487 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 608, Florida Statutes.

SIGNATURE: YULL

CITY-ST-ZIP

Ruti K.Ball

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

1/24/07

561-988-1700