2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000078787

Entity Name: MASCOT, LLC

Current Principal Place of Business:

3201 W. SAN LUIS
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

3201 W. SAN LUIS
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 20-3301210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHECHT, NEIL S
3630 WEST KENNEDY BLVD.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KEOUGH, DAVID
Address: 1660 GULF BLVD #206
City-St-Zip: CLEARWATER, FL 33767 US

Title: MGRM ( ) Delete
Name: MARTIN, PAUL
Address: 3201 W. SAN LUIS
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM ( ) Delete
Name: LEVICKI, MATT
Address: 1406 W. CLIFTON BLVD #17
City-St-Zip: LAKEWOOD, OH 44107 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL MARTIN MGMR 05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date