2007-LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000123501

1. Entity Name



FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90035 036 ****50.00

ENTERTAINMENT CONSULTING LLC									
Principal Place of Business 1801 S FEDERAL HWY SUITE 300 DELRAY BEACH, FL 33483		Mailing Address 1801 S FEDERAL HWY SUITE 300 DELRAY BEACH, FL 33483		11111111111111111111111111111111111111					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007	Chg-LLC	CR2E083 (12/0	6)		
City & State		City & State			4. FEI Numb			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificat	e of Status Desired	□ \$5.00 Fee Requ	Additional rired	
	6. Name and Address of Current F	Registered Agent			7. Name an	d Address of New Re	gistered Agent	-	
				Name					
	CHAEL G ESQ. DERAL HWY	Street Address		Address (f	(P.O. Box Number is Not Acceptable)				
	, BEACH, FL 33483								
	,		City		,		FL Zip C	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							check payable t Department of S		
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE	MGRM	☐ Delete	TITLE				☐ Chang	ge 🔲 Addition	
NAME	PARK, MICHAEL G	20	NAME						
STREET ADDRESS CITY-ST-ZIP	1801 S FEDERAL HWY SUITE 30 DELRAY BEACH, FL 33483	JU	STREET ADDRESS CITY-ST-ZIP						
TITLE	MGRM	™ Delete	TITLE	ma	Rm		☐ Chan	ge 🔯 Addition	
NAME	GOLDSTEIN, JON D	Des Delete	NAME	CHA	RRY M	4RTY		,s (<u></u> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS	1801 S FEDERAL HWY SUITE 300 STF			1801	S FED	EXAL HWY,	#300		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	0 820	CAY RET	arty exac Hwy, ach, FL 3:	<u>}483</u>		
TITLE		☐ Delete	TITLE				☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	·			☐ Chane	ge 🔲 Addition	
NAME		225 00000	NAME					_	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Chan	ge 🗌 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Chan	ge	
NAME		_ _ =	NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				-,	
11. I hereby o	certify that the information supplied with	this filing does not qualify for the	ne exemptions of	contained	in Chapter 119	7, Florida Statutes, I furt	ner certify that the	intermation	

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I all limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHOEI G. POIK, ESQ.

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

Michael G. Park, Esq.

4/27/07