


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90122 012 ****50.00

DOCUMENT # L06000007255 1. Entity Name PROMO GROUP ENTERTAINMENT LLC					
Principal Place of Business 3190 PALM TRACE LANDINGS DR 802 DAVIE, FL 33314			Mailing Address 3190 PALM TRACE LANDINGS DR 802 DAVIE, FL 33314		
2. Principal Place of Business - No P.O. Box # 7154 N. University Dr		3. Mailing Address 7154 N. University Dr			
Suite, Apt. #, etc. Suite #158		Suite, Apt. #, etc. Suite #158			
City & State Tamarac, FL		City & State Tamarac, FL			
Zip 33321	Country USA	Zip 33321	Country USA	4. FEI Number 03092007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BETANCOURT, EFRAIN E JR 3190 PALM TRACE LANDINGS DR 802 DAVIE, FL 33314			7. Name and Address of New Registered Agent Name Efrain Betancourt Street Address (P.O. Box Number is Not Acceptable) 7154 N. University Dr Ste #158 City Tamarac FL Zip Code 33321		
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. Efrain Betancourt SIGNATURE _____ DATE 03/12/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating)</small>					
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 BETANCOURT, EFRAIN E JR. 3190 PALM TRACE LANDINGS DR APT 802 DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Efrain Betancourt 7154 N. University Dr Ste #158 Tamarac, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nelson Paul Herrera 7154 N. University Dr Ste #158 Tamarac, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Efrain Betancourt <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/12/2007 <small>Date</small>		954-608-5622 <small>Daytime Phone #</small>