
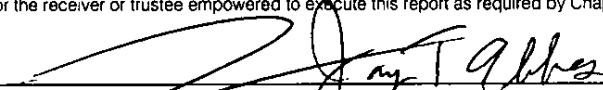


**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

60034020

DOCUMENT # L06000062360				Secretary of State																									
1. Entity Name SHOLANE ENTERTAINMENT LLC				04-09-2007 90348 031 ****50.00																									
																													
Principal Place of Business 17321 PROMENADE DR CLERMONT, FL 34711 US				Mailing Address 17321 PROMENADE DR CLERMONT, FL 34711 US																									
2. Principal Place of Business - No P.O. Box #				3. Mailing Address																									
Suite, Apt. #, etc.				Suite, Apt. #, etc.																									
City & State				City & State																									
Zip				Country																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
ABBES, JAY T 17321 PROMENADE DR CLERMONT, FL 34711				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 _____ (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																									
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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:  4/13/07 732 673-0237																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																													