
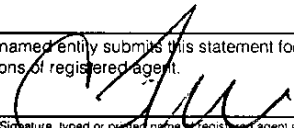
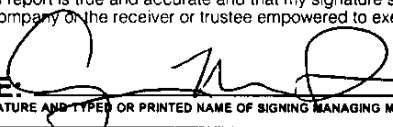


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90073 041 ***138.75

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # L06000097897 | | | |  | |
| 1. Entity Name DEFEND MY TICKET GROUP, PL | | | | | |
| Principal Place of Business 502 E. BAKER STREET STE B PLANT CITY, FL 33563 | | | Mailing Address 1306 THONOTOSASSA ROAD PLANT CITY, FL 33563 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 502 E BAKER STREET | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. STE B | | | |
| City & State | | City & State PLANT CITY FL | | 4. FEI Number 20-8261859 | |
| Zip | Country | Zip 33563 | Country HILLSBOROUGH | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PETITJEAN, CYNTHIA M 1306 THONOTOSASSA ROAD PLANT CITY, FL 33563 | | | 7. Name and Address of New Registered Agent Name: CHRISTOPHER TANCREDO Street Address (P.O. Box Number is Not Acceptable): 1306 THONOTOSASSA ROAD City: PLANT CITY FL Zip Code: 33563 | | |
| 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:  DATE: 1/23/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PETITJEAN, CYNTHIA M 1306 THONOTOSASSA ROAD PLANT CITY, FL 33563 | <input checked="" 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 | MGRM TANCREDO, CHRISTOPHER A 1306 THONOTOSASSA ROAD PLANT CITY, FL 33563 | <input checked="" 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 | MGRM TULIN, RONALD S 502 E. BAKER STREET PLANT CITY, FL 33563 | <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 | |
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| 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:  DATE: 1/23/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |