

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098290

Entity Name: BACKSTAGE BABES, LLC

FILED
Feb 13, 2007
Secretary of State

Current Principal Place of Business:

1060 PINELLAS BAYWAY
#102
TIERRA VERDE, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

1060 PINELLAS BAYWAY
#102
TIERRA VERDE, FL 33715 US

New Mailing Address:

FEI Number: 20-5750130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'LOUGHY, JAMES D ESQUIRE
2855 PGA BOULEVARD
SUITE# 200
PALM BEACH GARDENS, FL 33410 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: FOLLETT, JULIE
Address: 1060 PINELLAS BAYWAY #101
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: MGRM () Delete
Name: INGRAM, KAREN
Address: 2450 CENTRAL AVE. #201
City-St-Zip: SAINT PETERSBURG, FL 33712 FL

Title: MGRM () Delete
Name: HANVEY, MELISSA
Address: 39954 CHERRY VALLEY BLVD.
City-St-Zip: CHERRY VALLEY, CA 92223 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 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: KAREN INGRAM

MGRM

02/13/2007

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