

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90038 012 ***138.75

60037665



DOCUMENT # L07000047115 1. Entity Name PONYBOY ENTERTAINMENT, LLC					
Principal Place of Business 1204 VIZCAYA LAKES ROAD, APT. 104 OCOE, FL 34761				Mailing Address 1204 VIZCAYA LAKES ROAD, APT. 104 OCOE, FL 34761	
2. Principal Place of Business - No P.O. Box # 1546 S. HIAWASSEE RD		3. Mailing Address 1546 S. HIAWASSEE RD.			
Suite, Apt. #, etc. #76		Suite, Apt. #, etc. #76			
City & State ORLANDO FL		City & State ORLANDO FL			
Zip 32835		Zip 32835		Country USA	
4. FEI Number 22-8969579				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TORREZ, LORENZO 1204 VIZCAYA LAKES ROAD, APT. 104 OCOE, FL 34761			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1546 S. HIAWASSEE RD., #76 City ORLANDO FL Zip Code 32835		
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 <div style="float: right; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> </div>					
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 TORREZ, LORENZO 1204 VIZCAYA LAKES ROAD, APT. 104 OCOE, FL 34761 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1546 S. HIAWASSEE RD., #76 ORLANDO, FL 32835 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: <div style="float: right; text-align: right;"> <small>DATE</small> <small>Daytime Phone #</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					