

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111571

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** IMAGINE CREATE LIVE, LLC

**Current Principal Place of Business:**

4255 NW 25TH WAY  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

4255 NW 25TH WAY  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 27-3863798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWBERY, LAURA  
4255 NW 25TH WAY  
BOCA RATON, FL 33434 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:** MGR  
**Name:** NEWBERY, LAURA  
**Address:** 4255 NW 25TH WAY  
**City-St-Zip:** BOCA RATON, FL 33434

**Title:** MGRM  
**Name:** FRENSEMEYER, ANN-KATHRIN  
**Address:** 715 SW 1ST COURT  
**City-St-Zip:** BOYNTON BEACH, FL 33426

**Title:** MGRM  
**Name:** NEWBERY, LOUISE  
**Address:** 4255 NW 25TH WAY  
**City-St-Zip:** BOCA RATON, FL 33434

**Title:** MGRM  
**Name:** BELOTTO, ANTHONY  
**Address:** 1800 NORTH OAK STREET  
**City-St-Zip:** ARLINGTON, VA 22209

I hereby 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:** LAURA NEWBERY

MGR

04/22/2011

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