

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90044 028 \*\*\*\*50.00

<b>DOCUMENT # L98000001948</b>					
<b>1. Entity Name</b> GOLFBALLS, THE MOVIE, L.L.C.					
<b>Principal Place of Business</b> 1617 NE 8TH ST FORT LAUDERDALE, FL 33304			<b>Mailing Address</b> 1530 TYLE-STREET HOLLYWOOD, FL 33020		
<b>2. Principal Place of Business</b> 1530 Tyler Street Suite, Apt. #, etc. /		<b>3. Mailing Address</b> 388 Oak Terrace Suite, Apt. #, etc. /			
<b>City &amp; State</b> Hollywood, FL 33020 Zip: 33020 Country:		<b>City &amp; State</b> West Reading PA Zip: 19611 Country:		<b>4. FEI Number</b> 52-2117934	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> CLARKE, MICHAEL 1617 NE 8TH ST FORT LAUDERDALE, FL 33304			<b>7. Name and Address of New Registered Agent</b> Name: Michael Clarke Street Address (P.O. Box Number is Not Acceptable): 1530 Tyler Street City: Hollywood FL Zip Code: 33020		
<b>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.</b> SIGNATURE: <u>Michael Clarke</u> <u>Michael Clarke</u> DATE: <u>4/22/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> CLARKE, MICHAEL <b>STREET ADDRESS</b> 1617 NE 8TH ST <b>CITY - ST - ZIP</b> FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Michael Clarke <b>STREET ADDRESS</b> 1530 Tyler Street <b>CITY - ST - ZIP</b> Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Michael Clarke</u> <u>Michael Clarke</u>			DATE: <u>4/22/04</u> DAYTIME PHONE #: <u>9544447767</u>		