

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006980

Entity Name: KSCA, LLC

FILED  
Jul 01, 2005  
Secretary of State

**Current Principal Place of Business:**

C/O GREEN & ETTINGER  
770 LEXINGTON AVENUE  
NEW YORK, NY 100218165

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GREEN & ETTINGER  
770 LEXINGTON AVENUE  
NEW YORK, NY 100218165

**New Mailing Address:**

FEI Number: 13-4116778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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: GREEN, PAUL  
Address: 770 LEXINGTON AVE  
City-St-Zip: NEW YORK, NY 10001

Title: MGRM ( ) Delete  
Name: GREEN, PAUL  
Address: 770 LEXINGTON AVE.  
City-St-Zip: NEW YORK, NY 10021 US

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: JOEL ROSEN, CPA

CPA

07/01/2005

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