

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007924

FILED
Apr 21, 2004
Secretary of State

Entity Name: ARENA ENTERTAINMENT, LLC

Current Principal Place of Business:

9009 BALMORAL MEWS SQUARE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

9009 BALMORAL MEWS SQUARE
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3673458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHVARTSMAN, MICHAEL
9009 BALMORAL MEWS SQUARE
WINDERMERE, FL 34786

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/MEMBERS:

Title: MGRM () Delete
Name: SHVARTSMAN, MICHAEL
Address: 9009 BALMORAL MEWS SQUARE
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: MCHALE, MICHAEL
Address: 6205 GREAT WATER DR.
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MCHALE, MICHAEL
Address: 6205 GREAT WATER DR.
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Change (X) Addition
Name: CREWS, GEORGE
Address: 3905 DUMFRIES CT
City-St-Zip: APOPKA, FL 32712

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: MICHAEL SHVARTSMAN

MGRM

04/21/2004

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