


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90019 001 \*\*\*138.75

|  |   |                                 |  |   |  |
|--|---|---------------------------------|--|---|--|
| <b>DOCUMENT # M01000002503</b><br>1. Entity Name<br><b>WORLD ENTERTAINMENT SERVICES, LLC</b>   |   |                                 |  |  |  |
| Principal Place of Business<br><b>460 NORTH ORLANDO AVE.<br/>SUITE 200<br/>WINTER PARK, FL 32789</b>   |   |                                 | Mailing Address<br><b>460 NORTH ORLANDO AVE.<br/>SUITE 200<br/>WINTER PARK, FL 32789</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address              |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.             |  |   |  |
| City & State   |   | City & State                    |  |   |  |
| Zip  | Country   | Zip                             | Country  |   |  |
| 6. Name and Address of Current Registered Agent  |   |                                 | 7. Name and Address of New Registered Agent  |   |  |
| <b>THOMPSON, JEREMY ESQ.<br/>C/O BONNIER CORPORATION<br/>460 NORTH ORLANDO AVENUE<br/>WINTER PARK, FL 32789</b>  |   |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                       |   |  |
|  |   |                                 | State <b>FL</b> Zip Code   |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>                             |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |                                 | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>SNOW, TERRY<br/>1486 ALABAMA<br/>WINTER PARK, FL 32789</b> | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  |   |  |
| 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. |   |                                 |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                                 | Date <b>4-28-08</b> Daytime Phone # <b>407-571-4415</b>                                  |   |  |

**60031150**



04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number **59-3754946** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required