

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M02000001925						
1. Entity Name SPEAKER SERIES, LLC						
Principal Place of Business 220 WEST 42ND ST. NEW YORK, NY 10036	Mailing Address 220 WEST 42ND ST. NEW YORK, NY 10036	<div style="font-size: 1.2em; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.1em; margin-bottom: 10px;">2005 JAN 20 PM 1:44</div> <div style="font-size: 0.9em; margin-bottom: 10px;">DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA</div> <div style="text-align: left; margin-bottom: 10px;"></div> <div style="font-size: 0.8em; margin-bottom: 10px;">01052005No Chg-LLC CR2E083 (10/03)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%; padding: 2px;">4. FEI Number 33-1019643</td><td style="width: 30%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 33-1019643	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		<div style="font-size: 1.5em; margin-bottom: 10px;">DO NOT WRITE IN THIS SPACE</div> <div style="font-size: 1.2em; margin-top: 10px;">600045100576</div> <div style="font-size: 1.5em; margin-top: 10px;">DO NOT WRITE IN THIS SPACE</div>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>						
Filing Fee is \$50.00 Due by May 1, 2005						
9. MANAGING MEMBERS/MANAGERS						
TITLE	MGRM					
NAME	PACE THEATRICAL GROUP, INC.					
STREET ADDRESS	2000 WEST LOOP SOUTH					
CITY-ST-ZIP	HOUSTON, TX 77027					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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CITY-ST-ZIP						
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.						
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">SIGNATURE: </div><div style="width: 30%; text-align: center;">Dale A. Head</div><div style="width: 30%; text-align: right;">1/14/2005 917-421-5773</div></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</div><div>Date</div><div>Daytime Phone #</div></div>						