

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90436 041 ****55.00

DOCUMENT # M03000001745			
1. Entity Name IT'S HAPPENING ENTERTAINMENT, LLC			
Principal Place of Business 201 SOUTH BISCAYNE BLVD., 28TH FLOOR MIAMI FL 33131		Mailing Address 201 SOUTH BISCAYNE BLVD., 28TH FLOOR MIAMI FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

24022510



MOORE CR2E083 (11/03)

4. FEI Number 81-0551524		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REYGADAS, JOSE A 201 SOUTH BISCAYNE BLVD., 28TH FLOOR MIAMI FL 33131 <i>REYGADAS</i>		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL 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 *[Signature]* DE DATE 03/01/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINSTEIN, BERNARDO		NAME		
STREET ADDRESS	CARIOS PELLEGRINI 739-6		STREET ADDRESS		
CITY-ST-ZIP	BVENOS ARES ARGENTINA 1009		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINSTEIN, ALEJANDRA		NAME		
STREET ADDRESS	CARIOS PELLEGRINI 739-6		STREET ADDRESS		
CITY-ST-ZIP	BVENOS ARES ARGENTINA 1009		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLSMAN WOLSMAN, HERIBERTO <i>HOCSMAN</i>		NAME		
STREET ADDRESS	CARIOS PELLEGRINI 739-6		STREET ADDRESS		
CITY-ST-ZIP	BVENOS ARES ARGENTINA 1009		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYGADAS REYGADAS, JOSE A <i>REYGADAS</i>		NAME		
STREET ADDRESS	125 JEFFERSON AVE. 117		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: *[Signature]* 03/01/04 3053509155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #