2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGN

Jun 07, 2004 8:00 am **Secretary of State DOCUMENT # L00000004415** 06-07-2004 90504 015 ****50.00 SCHOOL BOY PRODUCTIONS, LLC Principal Place of Business Mailing Address 8371 N.W. 11TH STREET P.O. BOX 848681 PEMBROKE PINES, FL 33024-4907 HOLLYWOOD, FL 33084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05072004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 65-1008450 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE STEFANO, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 8371 N.W. 11TH STREET PEMBROKE PINES, FL 33024-4907 City 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) Filing Fee is \$50.00 Make check payable to Due by September 8, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITE Delete TITLE Change Addition DE STEFANO, CHRISTOPHER NAME NAME 8371 N.W. 11TH STREET STREET ADDRESS STREET ADDRESS 49 CITY-ST-ZIP PEMBROKE PINES, FL 330244907 CITY-ST-ZIP MGRM : TITLE ☐ Delete TITLE ☐ Change Addition NAME TRUHAN, JOHN R NAME STREET ADDRESS 25 WOODSEDEG DR STREET ADDRESS CITY-ST-ZIP NEWINGTON, CT 06111 CITY-ST-ZIP TITZ F Delete TITLE MGRM ☐ Change addition Vega, Victor M. NAME.. STREET ADDRESS STREET ADDRESS 2120 SW 42nd Terrace CITY-ST-ZIP CITY-ST-ZIP Plantation, FL 33317 Delete TITLE ☐ Change Addition maren NAME NAMÉ Garcia, Ricardo J. STREET ADDRESS STREET ADDRESS 400 S. Douglas Road, Apt. #12 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, Ft 3313 TITLE ☐ Delete TITLE ☐ Change Add tion NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this tring 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.

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R, MANAGER, OR AUTHORIZED REPRESENTATIVE

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