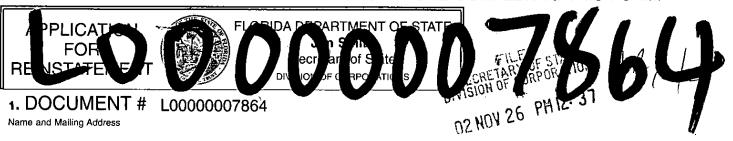
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



0000943 01 FP 0,352 \*\*PRSRT T3 0 0615 32819-525775 LAB RAT PRODUCTIONS LLC 7380 SAND LAKE ROAD, SUITE 350 ORLANDO FL 32819-5257



2. New M	ailimadiress  OO UNIVERSAL BLVD#	560		<b>4.</b> State/Country	of Formation		
City, State, Zip ORLANDO FL 32819  5. Date Organized or Qualified To Do Business in Florida 07/05/2000							
738				7.	69108 STATUS DESIRED		Applied For Not Applicable tional Fee required tificate of Status
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent							Unique de desacto Austriation Survey
PEARLMAN, LOUIS 7380 SAND LAKE ROAD, SUITE 350 ORLANDO FL 32819  Name MIKE MOKIN  Street Addie 1680 NUMBER (SPECIAL DES)  City ORLAND O							560 32819
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agen  Date  REGISTERED AGENT MUST SIGN							
<b>11.</b> Name	s ar/d Street Addresses of Each Managing Member/Mana			· · · · · · · · · · · · · · · · · · ·			
Title(s)	Name of Managing Street Addres Members/Managers Managing Members			City / State / Zin			
MGR	UNDERWOOD, JACOB	8305 LAKE SE	RENE DRIVE	<b>-</b> .	ORLANDO FL 3	32838	
MGR	PENICK, TREVOR 8305 LAKE SEREN		RENE DRIVE	900	ORLANDO FL 3 109230 -01084-01	EEEC	E 450
MGR	ANGEL, ASHLEY P	8305 LAKE SE	RENE DRIVE	III EUNUC	ORLANDO FL 3		
MGR	ESTRADA, ERIK M	8305 LAKE SEI	RENE DRIVE		ORLANDO FL 3	12836	
MGR	MILLER, DANIEL	8305 LAKE SE	RENE DRIVE		ORLANDO FL 3	2836	
		2002					
filing th	y that I am managing member/manager or the receiver or his reinstatement application the reason for dissolution has s owed by the limed liability company have been paid. The	been eliminated, the li	imited liability compar	ny name satisfies th	ne requirements of se	ection 608.40	6. F.S., and that

as if made under oath.

11-20-02

Daytime Phone #

Signature of Managing Member/Manag