


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT.**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000012954**

1. Entity Name  
**EAGLE EYE PRODUCTION, L.L.C.**



Principal Place of Business <b>4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR          FORT LAUDERDALE, FL 33308</b>	Mailing Address <b>4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR          FORT LAUDERDALE, FL 33308</b>
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**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1054959</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ROSENBERG, ARTHUR R  
 4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR  
 FORT LAUDERDALE, FL 33308**

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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 \_\_\_\_\_


**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM                  WAHOO PRODUCTIONS OF FLORIDA, INC.                  4875 NORTH FEDERAL HWY 7TH FLOOR                  FT LAUDERDALE, FL 33308</b>
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L000000341377  
 04/29/05-80013-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **P.D. Young** *Mgr Member Rep* **4/16/05** **954.735.0277**

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