# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 07, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # L01000000195

1. Entity Name
WACKY WORLD STUDIOS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 148 E. DOUGLAS ROAD<br>OLDSMAR, FL 34677-2939 | 148 E. DOUGLAS ROAD<br>OLDSMAR, FL 34677-2939 |

DO NOT WRITE IN THIS SPACE

02282005No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3687689

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BARRY, BRUCE
148 E. DOUGLAS ROAD
OLDSMAR, FL 34677-2939

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | BARRY, BRUCE |
| STREET ADDRESS | 19303 PIER POINT COURT |
| CITY-ST-ZIP | LUTZ, FL 33549 |
| TITLE | MGR |
| NAME | BARRY, VIVIAN |
| STREET ADDRESS | 19303 PIER POINT COURT |
| CITY-ST-ZIP | LUTZ, FL 33549 |
| TITLE | MGR |
| NAME | HEMMER, FRED |
| STREET ADDRESS | 148 E. DOUGLAS ROAD |
| CITY-ST-ZIP | OLDSMAR, FL 346772939 |
| TITLE | MGR |
| NAME | HORNE, CHAD |
| STREET ADDRESS | 148 E. DOUGLAS ROAD |
| CITY-ST-ZIP | OLDSMAR, FL 346772939 |
| TITLE | MGR |
| NAME | NADER, DAVID |
| STREET ADDRESS | 148 E. DOUGLAS ROAD |
| CITY-ST-ZIP | OLDSMAR, FL 346772939 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/07/05-80095-009 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)(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:** _____ 3/3/05 813-818-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #