# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 17, 2006 8:00 am**
**Secretary of State**
04-17-2006 90037 024 ****50.00

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 |

04142006 Chg-LLC CR2E083 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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

**7. Name and Address of New Registered Agent**

Name Fred Hemmer
Street Address (P.O. Box Number is Not Acceptable) 148 E Douglas Road
City Oldsmar FL Zip Code 34677

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, 2006**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>BARRY, BRUCE<br>19303 PIER POINT COURT<br>LUTZ, FL 33549 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>BARRY, VIVIAN<br>19303 PIER POINT COURT<br>LUTZ, FL 33549 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HEMMER, FRED<br>148 E. DOUGLAS ROAD<br>OLDSMAR, FL 346772939 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HORNE, CHAD<br>148 E. DOUGLAS ROAD<br>OLDSMAR, FL 346772939 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>NADER, DAVID<br>148 E. DOUGLAS ROAD<br>OLDSMAR, FL 346772939 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #