2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 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 OLDSMAR, FL 34677-2939	148 E. DOUGLAS ROAD OLDSMAR, FL 34677-2939

01292008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000824547
02/20/08 00008 023 138.75

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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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: _____ 2/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #