2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 31, 2005 08:00 AM Secretary of State 01182005 No Chg-LLC CR2E083 (10/03)

OCUMENT	#	L01000013309
Production and the second		

HIGH PITCHED HUM PRODUCTIONS LLC

Principal Place of Business

Mailing Address

FOUR BROADCAST PLACE JACKSONVILLE, FL 32247

JACKSONVILLE, FL 32247

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF

FOUR BROADCAST PLACE JACKSONVILLE, FL 32247

DO NOT WRITE IN THIS SPACE

	 	,
4. FEI Number		Applied For
59-3737903	[Not Applicable
	¢E OO	B -1-400 1

5. Certificate of Status Desired

Fee Required

FLYNN, DONALD J FOUR BROADCAST PLACE

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed observed 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLYNN, DONALD J FOUR BROADCAST PLACE JACKSONVILLE, FL 32247					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		UNDOOR368561 05/31/05-80007-002 50.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
TITLE NAME STREET ADDRESS ! CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 1 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 eath, that I am a managing member or manager of the						

GING MEMBER, OR AUTHORIZED REPRESENTATIVE