

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022055

FILED
Apr 03, 2006
Secretary of State

Entity Name: FROWN BUSTERS INTERNATIONAL, LLC

Current Principal Place of Business:

1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A, SUITE 247
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

604 ROBERTS RISE DR
OCOEE, FL 34761

New Mailing Address:

FEI Number: 02-0531970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITACRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A, SUITE 247
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOELSCHER, BILLIE R
Address: 604 ROBERTS RISE DR.
City-St-Zip: OCOEE, FL 34761

Title: MGR () Delete
Name: SKILES, BILL
Address: 127 JALAPA DR.
City-St-Zip: KISSIMMEE, FL 34743

Title: MGR () Delete
Name: WHITACRE, BILL
Address: 1000 UNIVERSAL STUDIOS PLZ. BLDG. 22A #247
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BILLIE R. HOELSCHER

MGR

04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date