

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003022

FILED
Apr 30, 2004
Secretary of State

Entity Name: SILVER LINING STUDIOS, L.L.C.

Current Principal Place of Business:

3315 MAGGIE BLVD.
SUITE 100
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

3315 MAGGIE BLVD., SUITE 100
SUITE 100
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 42-1529633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REECE, MARSHA D.M.
1850 LONG POND DRIVE
LONGWOOD, FL 32779 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/MEMBERS:

Title: MGR () Delete
Name: BUSTIN' LOOSE PRODUC, TIONS, INC.
Address: 1850 LONG POND DRIVE
City-St-Zip: LONGWOOD,, FL 32779 US

Title: MGR () Delete
Name: NETANE INTERNATIONAL, & ASSOCIATES
Address: 6464 HIDDEN DALE AVE.
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR () Delete
Name: WENDY'S KCDA PRODUCT, IONS
Address: 9158 GREAT HERON CIRCLE
City-St-Zip: ORLANDO, FL 32836 US

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 Section 119.07(3)(i), 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: MARSHA D.M. REECE

PRES

04/30/2004

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