

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020430

FILED  
Apr 13, 2005  
Secretary of State

**Entity Name:** BLACK EYE PRODUCTIONS, LLC

**Current Principal Place of Business:**

220 CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

220 CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 54-2067624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACK DICKS  
220 EAST CENTRAL PARKWAY  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701 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:** DICKS, J.W.  
**Address:** 220 E. CENTRAL PARKWAY, SUITE 1020  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** DICKS, JAMES  
**Address:** 220 E. CENTRAL PARKWAY, SUITE 1020  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

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:** JAMES DICKS

MGRM

04/13/2005

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