2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# L02000020433

Entity Name: FROGMEN COMICS, LLC

Current Principal Place of Business:

220 EAST CENTRAL PARKWAY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

220 EAST CENTRAL PARKWAY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

220 EAST CENTRAL PARKWAY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

220 EAST CENTRAL PARKWAY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 54-2067622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACK W. DICK
220 EAST CENTRAL PARKWAY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

DICKS, JACK W
220 EAST CENTRAL PARKWAY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

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: JACK W. DICKS 04/13/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: DICKS, J.W. `
Address: 220 EAST CENTRAL PARKWAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

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

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 E. DICKS MGRM 04/13/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date