

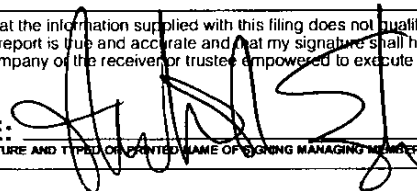


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90013 029 \*\*\*\*55.00

<b>DOCUMENT # L02000029224</b>			
1. Entity Name MINDZEYE PRODUCTIONS, LLC			
Principal Place of Business 10107 BROWNWOOD AVENUE ORLANDO, FL 32825-6623		Mailing Address 10107 BROWNWOOD AVENUE ORLANDO, FL 32825-6623	
2. Principal Place of Business 51921 RAILROAD GRADE ROAD		3. Mailing Address 51921 RAILROAD GRADE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ALTOONA, FL		City & State ALTOONA, FL	
Zip 32702		Zip 32702	
Country USA		Country USA	
4. FEI Number 82-0574966		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		04072006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent SPALDING, MATTHEW R 10107 BROWNWOOD AVENUE ORLANDO, FL 32825-6623		7. Name and Address of New Registered Agent Name: SPALDING, MATTHEW R Street Address (P.O. Box Number is Not Acceptable): 51921 RAILROAD GRADE ROAD City: ALTOONA FL Zip Code: 32702	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 4/7/2006	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: SPALDING, MATTHEW R STREET ADDRESS: 10107 BROWNWOOD AVENUE CITY-ST-ZIP: ORLANDO, FL 328256623	<input type="checkbox"/> Delete	TITLE: MGRM NAME: SPALDING, MATTHEW R. STREET ADDRESS: 51921 RAILROAD GRADE ROAD CITY-ST-ZIP: ALTOONA, FL 32702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I 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 oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 4/7/2006 407-492-4156	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	