


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000029224**

1. Entity Name  
**MINDZEYE PRODUCTIONS, LLC**



Principal Place of Business      Mailing Address

51921 RAILROAD GRADE RD.      51921 RAILROAD GRADE RD.  
 ALTOONA, FL 32702              ALTOONA, FL 32702

**DO NOT WRITE IN THIS SPACE**



04142007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 82-0574966	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SPALDING, MATTHEW R  
 51921 RAILROAD GRADE RD.  
 ALTOONA, FL 32702

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

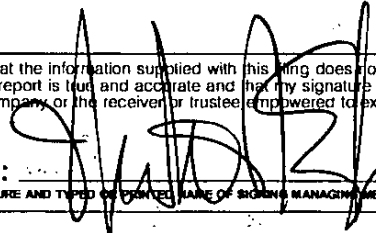
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPALDING, MATTHEW R 51921 RAILROAD GRADE RD. ALTOONA, FL 32702
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 04/27/07-80075-014 55.00

**DO NOT WRITE IN THIS SPACE**

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, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **4/14/2007** **407-492-4156**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #