AMENDED

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2004 MAY 19 PM 2:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

-504138915766
05-10-2004 90010 013 ****50.00

DOCUMENT # L02000034650

1. Entity Name
BREAKAWAY FILMS I, LLC

Principal Place of Business	Mailing Address
1191 E NEWPORT CENTER DR SUITE 210 DEERFIELD BEACH, FL 33442	1191 E NEWPORT CENTER DR SUITE 210 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

02052004No Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2091268
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELL, RONALD
1191 E NEWPORT CENTER DR
SUITE 210
DEERFIELD BEACH, FL 33442

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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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P Delete
NAME	SCHWAB, DOUG
STREET ADDRESS	1191 E NEWPORT CTR DR, STE 210
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	V Delete
NAME	WHITE, PAMELA
STREET ADDRESS	1191 E NEWPORT CTR DR, STE 210
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE P.	RDP, Add
NAME	
STREET ADDRESS	1191 E. Newport CTR DR, STE 210
CITY-ST-ZIP	Deerfield Bch, FL 33442
TITLE V.P	Sunrise Production Add
NAME	
STREET ADDRESS	1191 E. Newport CTR DR, STE 210
CITY-ST-ZIP	Deerfield Bch, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: P. White 4-15-04 954-422-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #