AMENDED

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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05-11-2004 90002 013 ****50.00

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

1. Entity Name
BREAKAWAY FILMS II, LLC

24071588

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

DO NOT WRITE IN THIS SPACE

02052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2091266

☐ 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 EAST NEWPORT CENTER DRIVE
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	VP	Delete
NAME	WHITE, PAMELA	
STREET ADDRESS	1151 E. NEWPORT CTR., DR., STE. 210	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE P.		Add
NAME	RDP	
STREET ADDRESS	1191 E. Newport DR. STE 210	
CITY-ST-ZIP	Deerfield Bch, FL 33442	
TITLE V.P.		Add
NAME	JSR Properties	
STREET ADDRESS	18400 Von Carmen Ave #200	
CITY-ST-ZIP	Irvine, Ca 92612-1009	
TITLE Sec		Add
NAME	Reel Ron	
STREET ADDRESS	1191 E. Newport Ctr DR. #210	
CITY-ST-ZIP	Deerfield Bch, FL 33442	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: R. White 4-15-04 954-422-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #