

AMENDED 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000001363
 1. Entity Name
 BREAKAWAY FILMS III, LLC
 2004 MAY 19 PM 2:13
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

504138915851
 05-10-2004 90011 047 ****50.00

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

Mailing Address
 1191 EAST NEWPORT CENTER DRIVE
 SUITE 210
 DEERFIELD BEACH, FL 33442



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 55-0823784
☐ Applied For
☐ Not Applied

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
 Due by May 1, 2004

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P. NAME STREET ADDRESS CITY-ST-ZIP	RDP Add <input type="checkbox"/> Delete 1191 E. Newport CTR DR #210 Deerfield Bch, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE V.P. NAME STREET ADDRESS CITY-ST-ZIP	Winthrop Venture Add <input type="checkbox"/> Delete 1191 E. Newport CTR DR #210 Deerfield Bch, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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"/> Add
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"/> Add
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"/> Add

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 4-15-04 954-422-88
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #