AIMENDED 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000 1. Entity Name BREAKAWAY FILMS III, LLC 1	OUD 1363 PH 2: 10NS ON MAY 19 CORPORATIONS ON		<u>504 [2</u> 05-10-200	389 585 4 90011 047 ****50.00	
Principal Place of Business 1191 EAST NEWPORT CENTER DRIVE SUITE 210 DEERFIELD BEACH, FL 33442	A Mailing Address 1191 EAST NEWPORT SUITE 210 DEERFIELD BEACH, FL		<u> </u>	ANN STUR DANN SSION RAID RAID BAID BAID NASANK REI	
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02122004 Chg-LLC	CR2E083 (10/03)	
City & State	City & State		4. FEI Number 8237	Applied For Not Applie	
Zip Country	Zip	Country	5. Certificate of Status Des	¢5 00	
6. Name and Address of	Current Registered Agent .		7. Name and Address of I		
-		Name			
CASTELL, RONALD 1191 EAST NEWPORT CENTER DRIVE SUITE 210		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH, FL 33442					
, and the second		City		FL Zip Code	
The above named entity submits this state the obligations of registered agent.	tement for the purpose of changing its	registered office or regist	ered agent, or both, in the State	. —	
			•		
SIGNATURE				<u></u>	
Signature, typed or printed name of region	stered agent and title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating)	DATE	
Signature, typed or printed name of regions of the second	(NOT	E: Registered Agent signature requi	F	Make check payable to lorida Department of State	
Signature, typed or printed name of regis Filling Fee is \$50.00 Due by May 1, 2004			F	Make check payable to lorida Department of State	
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11. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes. I further certify that the informational 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: X, YOUNG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15.04

954-422-88