

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006600

FILED
Apr 19, 2005
Secretary of State

Entity Name: MIRA PRODUCTIONS LLC

Current Principal Place of Business:

865 KLOSTERMAN ROAD EAST
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 671
PALM HARBOR, FL 34682

New Mailing Address:

FEI Number: 48-1301499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUTTON, DENISE K
3023 SPRING OAK AVENUE
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SUTTON, DENISE K
Address: 3023 SPRING OAK AVENUE
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM () Delete
Name: ALLISON, GEORGE A
Address: 180 MONTAGUE STREET #14F
City-St-Zip: BROOKLYN, NY 11201

Title: MGRM () Delete
Name: TRUSSELL, NORMAN G
Address: 3023 SPRING OAK AVENUE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ALLISON, GEORGE A
Address: 180 MONTAGUE STREET PHD
City-St-Zip: BROOKLYN, NY 11201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DENISE K. SUTTON

MGRM

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date