AMENDED

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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05-10-2004 90011 049 ****50.00

DOCUMENT # L03000011644

1. Entity Name
BREAKAWAY FILMS V, LLC

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1196171 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTELL, RONALD 1191 EAST NEWPORT CENTER DRIVE, SUITE 210 DEERFIELD BEACH, FL 33442	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	P. Breakaway Films - RDP Add ☐ Delete 1191 E. Newport Ctr DR #210 Deerfield Bch, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Ellis Diversified Add ☐ Delete 1191 E. Newport Ctr DR. #210 Deerfield Bch, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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. [signature] 4-15-04 954-422-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone