NAME STREET ADDRESS

CITY - ST - ZIP

20	004 LIMITED LIA ANNUAL	BILITY COM	PANY DIVIS	CRETARY OF ION OF CORPO	STATE		
DOCUMENT # L03000017175 1. Entity Name BUZZIE PRODUCTIONS LLC				-5 PM			
Principal Place of Business -ATTN:-NED MCLEOD- -284 PARK AVNEUE-NO. WINTER PARK, FL-32789		Mailing Address ATTN: NED MCLEOD 7 284 PARK AVNEWE NO. WINTER PARK, FL 32789		14001101101		III av iai kaki kaas kaki kaad as	
2. Principal Place of Business 920 MAXWELL ST		3. Mailing Address 920 MAXWELL ST					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07132004	Chg-LLC	CR2E083 (10/03)	
City & Ciato RLANDO		ORLANDO FL		4. FEI Numb	er	No	plied For t Applicable
Zip 3 é	Country OLANGE 6. Name and Address of Current	^{Zip} 32804	Country ORANGE		of Status Desired	\$5.00 Add Fee Required	
MCLEOD, EDWARD P.A. 284 PARK AVENUE NO. WINTER PARK, FL 32789 8. The abovernamed entity submits this statement for the purpose of changing its reg			Street Addre	Street Address (P.O. Box Number is Not Acceptable) 229 ALMA St City KISSIMMLE FL Zig Code 34741			
the obligat	Signaturi yoed or printer name of egistered agent	ler	. Registered Agent signature rec		7/13/04	DATE Ce check payable to	
Due b	by September 8, 2004					a Department of State	9
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR AKENS ENTERPRISES, INC, 284 PARK AVENUE NO. WINTER PARK, FL 32789	ERS/MANAGERS	10. TIPLE NAME STREET ADDRESS CITY-ST-ZIP	920 pl	Advell Lando +	CHANGES Change Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1		□ Change	☐ Addition
TITLE MAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME	·	☐ Delete	TITLE NAME			☐ Change	Addition

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Davime Phone #