

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035539

FILED  
Jan 31, 2004  
Secretary of State

**Entity Name:** MASTARMYNDE MIXED MEDIA ENTERTAINMENT GROUP, LLC

**Current Principal Place of Business:**

2369 LAKE DEBRA DRIVE  
UNIT 2011  
ORLANDO, FL 32835

**New Principal Place of Business:**

8506 TERLIZZI COURT  
ORLANDO, FL 32836

**Current Mailing Address:**

2369 LAKE DEBRA DRIVE  
UNIT 2011  
ORLANDO, FL 32835

**New Mailing Address:**

8506 TERLIZZI COURT  
ORLANDO, FL 32836

**FEI Number:** 90-0109368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMS, ARTHUR D II  
2369 LAKE DEBRA DRIVE  
UNIT 2011  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

SIMS, ARTHUR D II  
2500 MAITLAND CENTER PKWY  
SUITE 209  
MAITLAND, FL 32751 US

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:

01/31/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SIMS, ARTHUR D II  
Address: 2369 LAKE DEBRA DRIVE UNIT 2011  
City-St-Zip: ORLANDO, FL 32835 FL

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SIMS, ARTHUR D II  
Address: 8506 TERLIZZI COURT  
City-St-Zip: ORLANDO, FL 32836 FL

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: ARTHUR D. SIMS, II

MGRM

01/31/2004

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