


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90324 018 \*\*\*\*50.00

<b>DOCUMENT # L03000044956</b>	
1. Entity Name <b>MEGA HUMAN PRODUCTIONS, LLC</b>	

Principal Place of Business <b>736 BUOY ROAD ATT: HUGH WHITNEY NORTH PALM BEACH FL 33408</b>	Mailing Address <b>736 BUOY ROAD ATT: HUGH WHITNEY NORTH PALM BEACH FL 33408</b>
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MOORE CR2E083 (11/03)

2. Principal Place of Business <b>836 Almeria Rd APT # 7</b>	3. Mailing Address <b>P.O. Box 20196</b>
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City & State <b>West Palm Beach FL</b>	City & State <b>West Palm Beach FL</b>
Zip <b>33405</b>	Zip <b>33416</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20 0396353</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WHITNEY, HUGH 736 BUOY ROAD NORTH PALM BEACH FL 33408</b>	
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7. Name and Address of New Registered Agent	
Name <b><del>Hugh Whitney</del> Tim Mahlbacher</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>836 Almeria Rd Apt 7</b>	
City <b>West Palm Beach</b>	FL Zip Code <b>33405</b>

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 <b>Tim Mahlbacher</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>5-8-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WHITNEY, HUGH 736 BUOY ROAD NORTH PALM BEACH FL 33408</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MAHLBACHER, TIM 349 OSBORNE DRIVE PALM SPRINGS FL 33461</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <b>Tim Mahlbacher</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <b>5-8-04</b> <small>Date</small>	DAYTIME PHONE <b>(561) 658 2498</b> <small>Daytime Phone #</small>
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