

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90293 033 \*\*\*\*50.00

DOCUMENT # L03000044956

1. Entity Name

MEGA HUMAN PRODUCTIONS, LLC



Principal Place of Business

836 ALMERIA RD  
APT # 7  
WEST PALM BEACH FL 33405

Mailing Address

P.O. BOX 20196  
WEST PALM BEACH FL 33416

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

736 Buoy Rd

City & State

City & State  
North Palm Beach FL

Zip

Country

Zip  
33408

Country  
USA

4. FEI Number

20-0396353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

MAHLBACHER, TIM  
836 ALMERIA RD  
APT 7  
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

Tim Mahlbacher

Street Address (P.O. Box Number is Not Acceptable)

736 Buoy Rd.

City

North Palm Beach

FL

Zip Code

33408

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

*Tim Mahlbacher* Tim Mahlbacher

3/15/05

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME MAHLBACHER, TIM  
STREET ADDRESS 349 OSBORNE DRIVE  
CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Tim Mahlbacher* Tim Mahlbacher

3/15/05

(561) 723-2006

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

Date

Daytime Phone #