
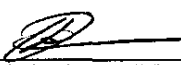



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90432 014 ****50.00

DOCUMENT # L03000049848 1. Entity Name BLACK FACE PRODUCTIONS LLC			
Principal Place of Business 2255 SOUTH CONWAY ROAD APT. 1001 ORLANDO, FL 32812		Mailing Address 2255 SOUTH CONWAY ROAD APT. 1001 ORLANDO, FL 32812	
2. Principal Place of Business 125 Woodstork Way Suite, Apt. #, etc.		3. Mailing Address 125 Woodstork Way Suite, Apt. #, etc.	
City & State FROSTPROOF FL Zip 33843		City & State FROSTPROOF FL Zip 33843	
4. FEI Number 41-211-5492 (EIN)		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, ADRIAN 2255 SOUTH CONWAY ROAD, APT. #1001 ORLANDO, FL 32812		7. Name and Address of New Registered Agent Name Lee, ADRIAN Street Address (P.O. Box Number is Not Acceptable) 125 Woodstork Way City FROSTPROOF FL Zip Code 33843	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(Lee, ADRIAN) 3.11.04 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
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	MGR LEE, JEWEL R 2255 SOUTH CONWAY ROAD, APT. #1001 ORLANDO, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lee, Jewel R 125 Woodstork Way FROSTPROOF FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, ADRIAN 2255 SOUTH CONWAY ROAD, APT. #1001 ORLANDO, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lee, ADRIAN 125 Woodstork Way FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, IVAN 618 "I" STREET NORTH EAST WASHINGTON, DC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as before
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE 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:  (Jewel R. Lee)		3.11.04 407-381-8372 407-761-9498	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	