

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003729

Entity Name: FUN FILMS LLC

FILED  
Apr 10, 2007  
Secretary of State

**Current Principal Place of Business:**

11205 BRIDGE HOUSE ROAD  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8540  
STOCKTON, CA 95208 US

**New Mailing Address:**

FEI Number: 20-1309337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALMA, ANTHONY  
390 N. ORANGE AVE.  
SUITE 1100  
ORLANDO, FL 32801 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MANGAN, MICHELLE R  
Address: 11205 BRIDGE HOUSE ROAD  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM ( ) Delete  
Name: DAMON, JOHNNY D  
Address: 11205 BRIDGE HOUSE ROAD  
City-St-Zip: WINDERMERE, FL 34786 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MANGAN - DAMON, MICHELLE R MS.  
Address: 11205 BRIDGE HOUSE ROAD  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM (X) Change ( ) Addition  
Name: DAMON, JOHNNY D MR.  
Address: 11205 BRIDGE HOUSE ROAD  
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHNNY DAVID DAMON

MGR

04/10/2007

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