

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90037 044 ****50.00

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1. Entity Name
LOOSE MOOSE PRODUCTIONS, L.L.C.



Principal Place of Business
6265 SUN BLVD., UNIT 211
ST. PETERSBURG, FL 33715

Mailing Address
6265 SUN BLVD., UNIT 211
ST. PETERSBURG, FL 33715

2. Principal Place of Business
10731 52 Ave. N.
Suite, Apt. #, etc.

3. Mailing Address
10731 52 Ave. N.
Suite, Apt. #, etc.

City & State
St. Petersburg, FL.
Zip 33708 Country USA

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01192005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0919802
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILHOAN, SANDRA N
6265 SUN BLVD., UNIT 211
ST. PETERSBURG, FL 33715

7. Name and Address of New Registered Agent

Name Milhoan, Michael P.
Street Address (P.O. Box Number is Not Acceptable)
10731 52 Ave. N.
City St. Petersburg FL Zip Code 33708

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MILHOAN, MICHAEL P
STREET ADDRESS 6265 SUN BLVD., UNIT 211
CITY-ST-ZIP ST. PETERSBURG, FL 33715 ☐ Delete

TITLE MGRM
NAME Milhoan, Michael P
STREET ADDRESS 10731 52 Ave. N.
CITY-ST-ZIP St. Petersburg, FL. 33708 ☒ Change ☐ Addition

TITLE MGRM
NAME MILHOAN, SANDRA N
STREET ADDRESS 6265 SUN BLVD., UNIT 211
CITY-ST-ZIP ST. PETERSBURG, FL 33715 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGRM
NAME Milhoan, Betty
STREET ADDRESS 10731 52 Ave. N.
CITY-ST-ZIP St. Petersburg, FL. 33708 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #