

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

|                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000042781</b>                         |  |
| 1. Entity Name<br><b>UDDERLY GOOD PRODUCTIONS, LLC</b> |                                                                                   |

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>P.O. BOX 432436<br/>MIAMI FL 33243<br/>US</b> | Mailing Address<br><b>P.O. BOX 432436<br/>MIAMI FL 33243<br/>US</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|



|                                                       |         |                                           |         |
|-------------------------------------------------------|---------|-------------------------------------------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>Suite, Apt. #, etc. |         |
| City & State                                          |         | City & State                              |         |
| Zip                                                   | Country | Zip                                       | Country |

1st MOORE CR2E083 (10/05)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>56-2495420</b>                                                              | Applied For<br><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

**LEGALZOOM NEVADA, INC.  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

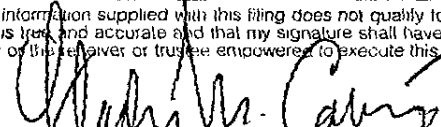
9. MANAGING MEMBERS/MANAGERS

|                                                    |                                                                        |                                 |
|----------------------------------------------------|------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>CABANAS, GLADYS<br/>P.O. BOX 432436<br/>MIAMI FL 33243</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>GARCIA, MARITZA<br/>P.O. BOX 432436<br/>MIAMI FL 33243</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|                                                    |  |                                                              |
|----------------------------------------------------|--|--------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>U000000492861</b>                               |  |                                                              |
| <b>04/19/06-80081-017 50.00</b>                    |  |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **4/1/2006** **(305) 801-3656**