


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90201 014 \*\*\*\*50.00

|  |  |  |   |   |                     |
|--|--|--|---|---|---------------------|
| <b>DOCUMENT # L04000056007</b><br>1. Entity Name<br><b>F.D. PRODUCTIONS, LLC</b>   |  |  |   |      |                     |
| Principal Place of Business<br><b>1329 AIRPORT DRIVE, STE. G-18<br/>TALLAHASSEE, FL 32304</b>  |  |  | Mailing Address<br><b>1329 AIRPORT DRIVE, STE. G-18<br/>TALLAHASSEE, FL 32304</b> |   |                     |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |                     |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |                     |
| City & State   |  | City & State   |   |   |                     |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>20-1394656</b>  |                     |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                                |                     |
| 6. Name and Address of Current Registered Agent  |  |  |   | 7. Name and Address of New Registered Agent   |                     |
| <b>WAKSTEIN, JOSHUA T<br/>1329 AIRPORT DRIVE, STE. G-18<br/>TALLAHASSEE, FL 32304</b>  |  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 reinstating) DATE _____  |  |  |   |   |                     |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |                     |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |   |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>WAKSTEIN, JOSHUA T<br/>1329 AIRPORT DRIVE, STE. G-18<br/>TALLAHASSEE, FL 32304</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |                     |
| 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"/> Change <input type="checkbox"/> Addition                     |                     |
| 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"/> Change <input type="checkbox"/> Addition                     |                     |
| 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"/> Change <input type="checkbox"/> Addition                     |                     |
| 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"/> Change <input type="checkbox"/> Addition                     |                     |
| 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"/> Change <input type="checkbox"/> Addition                     |                     |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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. |  |  |   |   |                     |
| <b>SIGNATURE:</b> <u><i>Josh Wakstein</i></u> <b>President</b> <u>Josh Wakstein</u>  |  |  | <b>3-16-06</b>  |   | <b>850-234-6112</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date  |   | Daytime Phone #     |