FILED Aug 25, 2005 8:00 am Secretary of State

08-25-2005 90106 014 ****50 00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069338 1. Entity Name PISCES PRODUCTIONS LLC						08-23-200)S 90106 01	4 ****	30.00
Principal Place of Business PO BOX 3846 SEMINOLE, FL 33775 US		Mailing Address PO BOX 3846 SEMINOLE, FL 33775	us				**		
2. Principal Place of Business		3. Malling Address			(L	04000	00693	338	C)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7	06292005	Chg-LLC	CR2E083	(10/03)	
City & State		City & State		4	. FEI Numbe	20-165	5193	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	5	i. Certificate	of Status Desired		DDA 00.	
6. Nam	e and Address of Curre	nt Registered Agent	Name		. Name and	Address of New	Registered Age	nt	
LAFATA, JOSEPH					Day News	aria biat Assastah	ala)		
5300 W CYPRESS STREET SUITE 247			Street Address		. Box Numb	er is Not Acceptat) 		
TAMPA, FL 33607	to the state of								
· · · · · · · · · · · · · · · · · · ·	Carriery W		City				FL	Zip Code	•
The above named enti- the obligations of regis	ity submits this statement stered agent.	for the purpose of changing-its	registered office	or registered	agent, or bo	th, in the State of F	lorida. I am fam	iliar with,	and accept
SIGNATURE	Con 1								
Signeture, type	d or printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agent sign	eture required whe	n reinstating)		DATE		
Filing Fee is \$50.00 Due by September 7, 2005					Make check payable to Florida Department of State				
9.	MANAGING MEM	BERS/MANAGERS	10.	-		ADDITION	S/CHANGES		
TITLE MGRM NAME MCCAR	THY, BRENDA A	☐ Delete	TITLE NAME					Change	☐ Addition
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TITLE SEMINO	LE, FL 33775		CITY-ST-ZIP					1 Chann	- Addition
NAME		☐ Deleta	TITLE NAME				Ł] Change	Addition
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SIGNATURE:	of is true-and securate a any or the repeliver or trus	nd that my signature shall have toe empowered to execute this	alla	y	8-16	that I am a manstatutes.			1572