

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90071 005 \*\*\*\*50.00

20041060



01162006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000074985</b> 1. Entity Name <b>OUTKAST PRODUCTIONS, LLC</b>					
Principal Place of Business <b>11511 113TH STREET NORTH UNIT 12A LARGO, FL 33778</b>			Mailing Address <b>11511 113TH STREET NORTH UNIT 12A LARGO, FL 33778</b>		
2. Principal Place of Business <b>3707 west Azele</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>TAMPA FL</b>		City & State 		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33609</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THADDEUS FREEMAN, PLLC 8150 CYPRESS GARDEN CT. LARGO, FL 33777</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM SCLAFANI, JOSEPH L 11511 113TH STREET NORTH, UNIT 12A LARGO, FL 33778</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM SCLAFANI, JOSEPH L 3707 west azele TAMPA FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>April 28 2006</b> <span style="float: right;">813 841 6038</span>		