

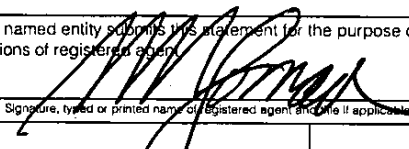
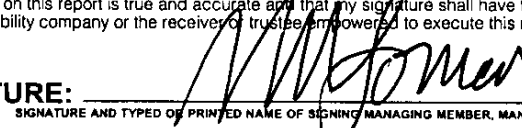


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90033 015 ***138.75

DOCUMENT # L05000012382 1. Entity Name FATBOY THE MOVIE LLC					
Principal Place of Business 3000 S.W. 60TH AVENUE DAVIE, FL 33314			Mailing Address 3000 S.W. 60TH AVENUE DAVIE, FL 33314		
2. Principal Place of Business - No P.O. Box # 2380 College Avenue Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 292037 Suite, Apt. #, etc.			
City & State Davie, FL Zip 33317		City & State Davie, FL Zip 33329		4. FEI Number 90-0267719 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent M.A. FORMAN FILMS HOLDINGS, INC. 3000 S.W. 60TH AVENUE DAVIE, FL 33314			7. Name and Address of New Registered Agent Name M.A. FORMAN FILMS HOLDINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 2380 College Avenue City Davie FL Zip Code 33317		
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  M. AUSTIN FORMAN Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/24/08					
FILE NOW!!! FEE \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M.A. FORMAN FILMS HOLDINGS, INC. 3000 S.W. 60TH AVENUE DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M.A. FORMAN FILMS HOLDINGS, INC. 2380 College Avenue DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR FORMAN, M. AUSTIN 3000 S.W. 60TH AVENUE DAVIE, FL 33314		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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.					
SIGNATURE:  M. AUSTIN FORMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 04/24/08				Daytime Phone # 954-581-1200	