

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080873

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: PRESTIGE PRODUCTIONS, LLC

## Current Principal Place of Business:

4653 LB MCLEOD ROAD  
SUITE B  
ORLANDO, FL 32811

## New Principal Place of Business:

## Current Mailing Address:

4653 LB MCLEOD ROAD  
SUITE B  
ORLANDO, FL 32811

## New Mailing Address:

FEI Number: 20-3339036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GASDICK, MICHAEL J  
390 N. ORANGE AVENUE  
SUITE 260  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

AMIE GARRETT  
PRESTIGE PRODUCTIONS  
4653 LB MCLEOD ROAD  
SUITE B  
ORLANDO, FL 32811 US

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.

SIGNATURE: AMIE GARRETT

04/28/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition  
Name: TYNDAL, WILLIAM J CEO  
Address: 5922 TARAWOOD DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: MR. ( ) Change (X) Addition  
Name: GRIER, DAVE PRES  
Address: 2000 UNIVERSAL STUDIOS PLAZA SUITE 750 D  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMIE GARRETT

MS.

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date