

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000099142**

1. Entity Name  
**GREEN ATOM PRODUCTIONS, LLC**



Principal Place of Business  
**1711 ALMIRA STREET  
JACKSONVILLE, FL 32211**

Mailing Address  
**1711 ALMIRA STREET  
JACKSONVILLE, FL 32211**



04262007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☒ Not Applicab

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NIBLOCK, DAVID A  
1711 ALMIRA STREET  
JACKSONVILLE, FL 32211**

**DO NOT WRITE  
IN THIS SPACE**

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

*David A. Niblock*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-07

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                |                            |
|----------------|----------------------------|
| TITLE          | MGRM                       |
| NAME           | NIBLOCK, DAVID A           |
| STREET ADDRESS | 1711 ALMIRA STREET         |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32211     |
| TITLE          | MGRM                       |
| NAME           | NIBLOCK, KENNETH E         |
| STREET ADDRESS | 5651 CARTWRIGHT AVE, APT H |
| CITY-ST-ZIP    | N. HOLLYWOOD, CA 91601     |
| TITLE          | MGRM                       |
| NAME           | BOSSARD, BRYAN B           |
| STREET ADDRESS | 322 NORMANDY DRIVE         |
| CITY-ST-ZIP    | NORWOOD, MA 02062          |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

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05/17/07-80038-005 55.00

**DO NOT WRITE  
IN THIS SPACE**

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.