2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

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| DOCUMENT # L05000103066 1. Entity Name MIGHTY MOJO STUDIOS, LLC | | | | | | 04-17-2006 9 | 90036 01 | 9 ***150 |).00 |
| Principal Place | e of Business | Mailing Address | | | | | | | |
| Principal Place of Business 1239 CELEBRATION AVE. CELEBRATION, FL 34747 Mailing Address 1239 CELEBRATION AVE. CELEBRATION, FL 34747 | | | | | 4 18 2 11821 831 1 | EZIEL BILLI SYNI SYNI SYN | . (141) (2) 66 m | 31 FBITS BITTS 4M | BB) (11 FB) |
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| 2. Principal Place of Business 606 FROUT STREET | | 3. Mailing Address 1.06 FRONT STREET | | | | | | | |
| Suite, Apt. | · | Suite, Apt. #, etc. | | | 04122006 | Chg-LLC | CR2E08 | 33 (11/05) | -P-45 |
| City & State | BRATION FL | City & State | 4 \ E / | | 4. FEI Numbe | 3/1/11239 | 7 | | plied For t Applicable |
| Zip | Country | Zin | Country | | | KOOI TO | | | |
| 3474 | 7 | 34747 | - I | | | of Status Desired | <u> </u> | \$5.00 Add Fee Required | |
| <u></u> | 6. Name and Address of Current F | Registered Agent | Name | | 7. Name and | Address of New R | egistered A | gent | |
| DRAVES, DONNA L ESQ. | | | | ame | | | | | |
| 120 EAST | CONCORD STREET D. FL 32801 | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 0.12.1100 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | |
| | | | City | | | | FL | Zip Code | 9 |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its re | egistered office o | r registeri | ed agent, or both | n, in the State of Flo | orida. I am f | amiliar with, | and accept |
| | 6 | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: | Registered Agent signat | ure required | when reinstating) | | DATE | | |
| Fi | Signature, typed or printed name of registered agent a ling Fee is \$50.00 us by May 1, 2006 | nd title if applicable. (NOTE: | Registered Agent signat | ure required | when reinstating) | | e check pa | ayable to ent of State | • |
| Fi Di | ling Fee is \$50.00 | | Registered Agent signat | ure required | when reinstating) | Florida | e check pa a Departme | • |) |
| Fi | ling Fee is \$50.00 ue by May 1, 2006 | | | ure required | when reinstating) | | e check pa a Departme | • | 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.

SIGNATURE: 407 301. 5369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Case

Daylore Proce #