
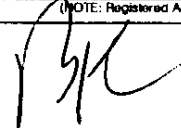
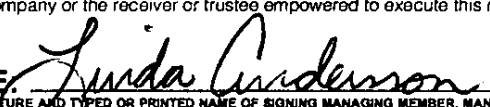


2003 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000049254 1. Entity Name SMALL POND PRODUCTIONS, LLC					
Principal Place of Business 1840 CORAL WAY, 4TH FLOOR MIAMI, FL 33145			Mailing Address P.O. BOX 941776 MAITLAND, FL 32794		
2. Principal Place of Business - No P.O. Box # 1840 Southwest 22 Street Suite, Apt. #, etc. Suite 4-516		3. Mailing Address Post Office Box 69971 Suite, Apt. #, etc.			
City & State Miami, Florida		City & State West Hollywood, California		4. FEI Number 22-3964171	
Zip 33145	Country	Zip 90069	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$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	MGR Andersson, Linda P.O. Box 69971 West Hollywood, California 90069 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	500121805485 04/01/08--01010--023 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Maher, Theresa P.O. Box 69971 West Hollywood, California 90069 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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 				Linda Andersson, Manager 3-25-08 407-461-8093	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062008 Chg-LLC CR2E083 (12/06)