
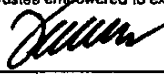


**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90064 017 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L07000076651</b>							
1. Entity Name WACKY WORLD PRODUCTIONS, LLC							
Principal Place of Business 148 EAST DOUGLAS ROAD OLDSMAR, FL 34677-2939			Mailing Address 148 EAST DOUGLAS ROAD OLDSMAR, FL 34677-2939				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <i>In Formation</i>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NEAL, A.R. 911 CHESTNUT STREET CLEARWATER, FL 33756			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGR	Bruce Barry	19308 Pier Point Court	Lutz FL 33549				
MGR	Nivian Barry	19303 Pier Point Court	Lutz FL 33549				
MGR	Fred Hemmer	148 E Douglas Rd	Oldsmar FL 34677				
MGR	Chad Horne	148 E Douglas Rd	Oldsmar FL 34677				
MGR	David Noder	148 E Douglas Rd	Oldsmar FL 34677				
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: 			Date: <i>2/8/08</i>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						<small>Date</small>	

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01282008 Chg-LLC CR2E083 (12/06)

Applied For  
 Not Applicable