


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2004 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # L98000001200 1. Entity Name ANOTHER ANGLE PRODUCTIONS, L.L.C. | |  |
| Principal Place of Business 7060 S.W. 48TH LANE MIAMI FL 33155 | | Mailing Address 7060 S.W. 48TH LANE MIAMI FL 33155 |
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State |
| Zip | Country | Zip |



MOORE CR2E083 (11/03)

| | | |
|---|--|---|
| 4. FEI Number 65-1030397 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent ADLER, JOSEPH 7060 S.W. 48TH LANE MIAMI FL 33155 | 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR <input type="checkbox"/> Delete ADLER, JOSEPH 7060 S.W. 48TH LANE MIAMI FL 33155 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;"> U00000059061 02/20/04-80065-016 150.00 </div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOSEPH ADLER 2/17/04 (305) 665-5477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #