


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # M01000001659                                 |  |
| 1. Entity Name<br>THE PRODUCTION STUDIOS AT MARLIN, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>3600 COMMERCE BLVD.<br>KISSIMMEE, FL 34741 | Mailing Address<br>3600 COMMERCE BLVD.<br>KISSIMMEE, FL 34741 |
|---|---|



04132004No Chg-LLC

CR2E083 (10/03)

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|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>91-2141972 | Applied For<br><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<br><br>BAKER, RICHARD W<br>2535 SUCCESS DRIVE<br>ODESSA, FL 33556 |
|---|

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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>SPEER, ROY<br>2535 SUCCESS DRIVE<br>ODESSA, FL 33556           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>BAKER, RICHARD<br>2535 SUCCESS DRIVE<br>ODESSA, FL 33556       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>BACHMAN, CELIA H<br>3600 COMMERCE BLVD.<br>KISSIMMEE, FL 34741 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

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05/04/04-80096-003 350.00

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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)(f), 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: Celia H. Bachman CELIA H. BACHMAN 4-27-04 407-251-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #