


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT # M98000001599</b>			
MAD WOODCHUCK ENTERTAINMENT, LLC 6572 LAGOON AVE WINDERMERE FL 34786		1a. Principal Place of Business Address  6572 LAGOON AVE WINDERMERE FL 34786			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/21/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		38-3437671	
Country		Country		5. Date of Last Report	
				3a. State of Formation	
				MI	
				4. Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
				6. Certificate of Status Desired	
				\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
ABRAHAM, JEFFREY J 6572 LAGOON AVE WINDERMERE FL 34786				Name  Street Address (P.O. Box Number is Not Acceptable) 800002866838-2 Suite, Apt. #, etc. -05/07/99 - 01066-003 ****188.75 ****188.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when receiving report)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ABRAHAM, JEFFREY J	6572 LAGOON AVE		WINDERMERE FL	

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TITLE OF PERSON IN CHARGE OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-28-99 407-654-5223