FORM D



1222661

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES DIDCUANT TO DECLIFATION D

OMB APPROVAL							
OMB Number:	3235-0076						
Expires: Ap	ril 30, 1991						
Estimated average	pe burden						
hours her meno							

SEC USE ONLY

CECTION 4(C) AND (OD	•	1	Seliai
SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EX	DATE RE	CEIVED	
lame of Offering (check if this is an amendment and name has changed, and i	indicate change.)		
iling Under (Check box(es) that apply): Rule 504 Rule 505 Rule 50 Rule 505 Rule 50	6 D Section 4(6)	□ ULOE	
A. BASIC IDENTIFICATION DAT	A		
Enter the information requested about the issuer			
lame of Issuer (check if this is an amendment and name has changed, and ind	icate change.)		
Talking Heads LLC		******	
ddress of Executive Offices 6/0 Roy Gabay Theatrcial Prod. & Mgmt. 262 West 38th Street, Suite 1106, New York, NY 10018	(212) 997-	er (Including Ar -5399	ea Code)
Adams of Principal Puriness Operations Olymber and Street City State 7in Code	\ Telephone Numb	er (Including Ar	es Code)

Brief Description of Business

(if different from Executive Offices)

Production of the off-Broadway production of the dramatic work entitled "Talking Heads"

FINANCIAL

	_		
Турс	of	Business	Organization
		poration	<u> </u>

D business trust

☐ limited partnership, already formed

dother (please specify): Limited Liability

limited partnership, to be formed

Company

Actual or Estimated Date of Incorporation or Organization:

AFCENED

Year Month 2 0

 Actual □ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or. if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accompany this form. This notice shall be filed in the appropriate states in accompany this form. law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, fallure to file the appropriate federal notice will not result in a loss of an available state exemption unless suc exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTI	FICATION DATA		
2. Enter the information r	equested for the	following:	•		
e Each promoter of the	ne issuer, if the is	suer has been organized	within the past five yes	ırs;	
 Each beneficial own securities of the issu 		ver to vote or dispose, o	r direct the vote or dispo	osition of, 10%	or more of a class of equity
Each executive office	er and director of	corporate issuers and of	corporate general and n	anaging partne	rs of partnership issuers; and
Each general and m	anaging partner o	of partnership issuers.			•
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first	, if individual)			,	
Business or Residence Add	ress (Number a	nd Street, City, State, 2	Lip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Business or Residence Add	ress (Number a	and Street, City, State, 2	Lip Code)		
$(x_1, x_2, x_3, x_4, x_4, x_5, x_5, x_5, x_5, x_5, x_5, x_5, x_5$			entral designation of the second seco		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Pariner
Full Name (Last name first	, if individual)		y *		
Business or Residence Add	ress (Number a	nd Street, City, State, 7	Lip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addi	ress (Number s	and Street, City, State, 2	Lip Codé)	7	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first	i, if individual)		<i>*</i>		
Business or Residence Add	ress (Number a	und Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Pull Name (Last name first	t, if individual)				
Business or Residence Add	ress (Number s	and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first	t, if individual)			a.	
Business or Residence Add	lress (Number i	and Street, City, State,	Zip Code)		
	(Use blank sheet	I, or copy and use addi-	tional copies of this shee	i, as necessary.)

				™ B. 1	NFORMA	TION AB	OUT OFF	ERING					
1. Has	the issuer	sold, or d	oes the iss	uer intend	to sell, to	non-accre	dited inve	stors in thi	s offering	7		Yes	No O
								ng under L				., _	_
2. Wha	at is the mi	inimum in			••			?			· · · · · · · · · · · ·	. \$	
					•			•				Yes	No
3. Doe	s the offer	ing permit	joint own	ership of	a single un	iit?	••,•••••		,			. [
sion to b list t	or similar in a listed is a listed in a li	remunerati in associati f the brok	on for soli ed person (citation of or agent of r. If more	purchaser: f a broker than five	s in connect or dealer r (5) persons	tion with s egistered v to be list	or given, disales of secu with the SE ed are asso 	rities in th C and/or	e offering. with a stat	If a perso	n S	
Full Nam	e (Lasi nai	me first, if	individua	1)		· · · · · · · · · · · · · · · · · · ·				. John	1, 1,		

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Name of	Associated	Broker or	Dealer										
					150.50		1			12 (12)			
States in	Which Per	son Listed	Has Solic	ited or Int	ends to Sc	olicit Purch	asers						
(Check	"All State	s" or chec	k individu	al States)	ca 🔂 🗓						· · · · · · · ·	CALLS	States
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[IL]	[IN]	[AI]	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
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[RI]	ISC:	[SD]	[TN]	[TX]	(UT)	1711		{WA}	[WV]	[WI]	[WY]	[PR]	
Full Nam	e (Last nar	ne first, if	individual				<i>y</i>				Ť		
					-1.					·	·····	· ·	
Business (or Kesideno	e Address	(Number	and Street	i, City, Sta	ice, Zip Co	ode)	* .	• .:				
Name of	Associated	Broker of	Dealer			P. Juli			 	.,			
				e.									
States in	Which Pers	son Listed	Has Solic	ited or Int	ends to So	olicit Purch	asers						
(Check	"All State	s" or chec	k individu	a! States)		the state of the selection of			• • • • • • • •			□ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	[ID]	ð
		[[A]	(KS)	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	(MO)	_
[MT]	(NE)	[NV]	(NH)	[NJ]		[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	(XX)	(UT)	[VI]	[VA]	[WA]	[WV]	(WI)	[WY]	[PR]	
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Durin and	na Davidas		Olumbas	and Cassa	City St	Tin Co	4-1						
parines? (or Resident	e Address	(Number	and Price	i, City, Su	ne, ap a	MC)						
Hame of .	Associated	Broker of	Dealer								• •		
States in '	Which Pers	son Listed	Has Solic	ted or Int	ends to Sc	olicit Purch	ASETS						
-		•	k individu	s .=	and the second second							□ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	[ID	
[IL]	(IN)	(IA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	[MN]	[MS]	(MO	
[MT]	(NE)	[NV]	(NH)	[NJ]	[NM]	[NY]	INC	[ND]	[OH]	[OK]	[OR]	[PA]	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE (OF PROCEED)S	
Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
Type of Security	Aggregate Offering Pri		nt Already Sold
Debt	s 0	\$ <u></u>	0
Equity			0
□ Common □ Preferred			
Convertible Securities (including warrants)	<u>s</u> 0	\$	0
Partnership Interests		\$	0
Other (Specify Limited Liability Company Interests)	\$ 750,000	5 750	0,000
Totai	<u>\$ 750,000</u>	<u>\$7750</u>	0,000
Answer also in Appendix, Column 3, if filing under ULOE.			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		* . 1:5	
purchases on the total lines. Enter U is allower is none of zero.	Number	Dollar	gregate r Amount
	Investors		urchases
Accredited Investors	9	\$	0,000
Non-accredited Investors		S	0
Total (for filings under Rule 504 only)		S	N/A
Answer also in Appendix, Column 4, if filing under ULOE.			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		,	
Type of offering	Type of Security		· Amount Sold
Rule 505		s	N/A
Regulation A		S	N/A
Rule 504		<u> </u>	N/A
Total		\$	N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future confingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees	• • • • • • • • •	D \$	0
Printing and Engraving Costs	•••••	⊠ \$	500
Legal Fees	•••••	Ø \$ _5	,000
Accounting Fees	• • • • • • • • • • • • • • • • • • • •	⊠ \$ <u>1</u>	,000
Engineering Fees	•••••	_ S	_0
Sales Commissions (specify finders' fees separately)	•	D \$	
Other Expenses (identify)		- S	
GP . 1			500

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	US	E (F PROCEED	s	-	
tion	Enter the difference between the aggregate offering price given in response to Part C - 1 and total expenses furnished in response to Part C - Question 4.a. This difference justed gross proceeds to the issuer.	is U	be			s <u>7</u>	43,500
used estin	case below the amount of the adjusted gross proceeds to the issuer used or proposed for each of the purposes shown. If the amount for any purpose is not known, furnished and check the box to the left of the estimate. The total of the payments listed must adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b a	ish t equ	in ai				
				Payments to Officers, Directors, & Affiliates		P	nymenus To Others
9	Salaries and fees	0	S _	0	×	S	10,000
	Purchase of real estate		S _	0		S	0
. 1	Purchase, rental or leasing and installation of machinery and equipment		\$_	0		S	0
	Construction or leasing of plant buildings and facilities	ם	S_	0		S	0
å	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another asset pursuant to a merger)						
ر ب _ا د	To feet to be a second to be the second seco		S_	0	D	S	0
۽ " ۽	Working capital		S_	0	Ø	s_7	33,500
(Other (specify):	. 🗖	S	0	D	s	0
		•		•			
			S	0 '		S	0
(Column Totals		S _	0	Ø	<u>5_7</u>	43,500
	Fotal Payments Listed (column totals added)			⋈ \$ <u>74</u>		00	<u>.</u>
	D. FEDERAL SIGNATURE						
airolle	er has duly caused this notice to be signed by the undersigned duly authorized person g signature constitutes an undertaking by the issuer to furnish to the U.S. Securities a its staff, the information furnished by the issuer to any non-accredited investor pur	nd E	xd	lange Commis	sion,	upo	n written 1
ssuer (F	Print or Type) Signature			Date			
Talk:	ing Heads LLC				7/	8/0	3
Lalu	Signer (Print or Type) Chien Productions, Inc. Tom Hulce Title of Signer (Print or Type) President of Managing	Men	nbe	er			

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes	No.
See Appendix, Column 5, for state response.		KO1
A Change of the second of the		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Talking Heads LLC		7/8/03
Name (Print or Type)	Title (Print or Type)	
Laluchien-Productions, Inc. By: Tom Hulce	President of Managing Mem	ber

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies and manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

*APPENDIX	

1		2	3		· · · · · · · · · · · · · · · · · · ·	4			
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item1)		
State	Yes	No		Number of Accredited Investors	Amount	أكافي والمرابع والمرا	Amount	Yes	No
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AK				1 de 1			er gestater i de state. Er gestater i de state	ion in it. I si in signi.	
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AR			•						
CA		X	LLC Interests \$150,000	1947€ 3	\$150,000	0	0		X
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MN			Security of the second						
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МО									

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2	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate	Type of investor and amount purchased in State (Part C-Kern 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)	
			offering price offered in state (Part C-Item1)						
State	Yes	no um		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ									
NE				.5					
NV		Х	LLC Interests \$ 80,000	1	\$ 60,000	6	0		X
NH					e alenteration.		tanik Mangabaran di		
NJ.		16ar			A1. 11 3	Temas and an inter-			
NM	1213 N 423	star 2 5				eseta ese			and the second
NY		X	LLC Interests	3	\$270,000	0	0	. •	Х
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