

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067911

FILED  
Jan 02, 2008  
Secretary of State

Entity Name: ALPHABETA STUDIOS, LLC

**Current Principal Place of Business:**

12611 CATAMARAN PLACE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

12611 CATAMARAN PLACE  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 20-1583177      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WHITTLESEY, MATTHEW  
12611 CATAMARAN PLACE  
TAMPA, FL 33618    US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WHITTLESEY, MATTHEW  
Address: 12611 CATAMARAN PLACE  
City-St-Zip: TAMPA, FL 33618

Title: MGRM      ( ) Delete  
Name: WHITTLESEY, TRACY  
Address: 12611 CATAMARAN PLACE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TRACY WHITTLESEY

MRS

01/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date