2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V49890

1. Entity Name
L2 STUDIOS, INC.

Principal Place of Business	Mailing Address
55 E JACKSON STREET ORLANDO, FL 32801 US	55 E JACKSON STREET ORLANDO, FL 32801 US

DO NOT WRITE IN THIS SPACE

02292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3140272	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEMONS, TIMOTHY J
244 WHITTIER CIRCLE
ORLANDO, FL 32806

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEMONS, TIMOTHY J.
STREET ADDRESS	244 WHITTIER CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32806

TITLE	D
NAME	WILSON, RICHARD
STREET ADDRESS	1400 BERWYN RD
CITY-ST-ZIP	ORLANDO, FL 32806

TITLE	D
NAME	LEMONS, DEBRA
STREET ADDRESS	244 WHITTIER CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32806

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____ TIMOTHY J. LEMONS 2.39.08 407.648.8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #