2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000004046

1. Entity Name ANCIENT MOSAIC STUDIOS, LLC



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

4106 MARIAH CIR. FT. PIERCE, FL 34947 . Mailing Address

4106 MARIAH CIR. FT. PIERCE, FL 34947



03062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0122596

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPRON, TIMOTHY G

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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4106 MARIAH CIR. FT. PIERCE, FL 34947		IN THIS SPACE
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 little if applicable. (NOTE: Registered Agent si		(NOTE: Registered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		U00000917988 05/13/08-80064-016 138.75
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR TELSTAR CAPITAL, LLC 1133 BROADWAY SUITE 600 NEW YORK, NY 10010	*
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE